

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026109

1. Entity Name

ART ENCOUNTERS MANUFACTURING, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90091 026 ***150.00

Principal Place of Business

Mailing Address

652 CAPITAL CIRCLE NE
SUITE B
TALLAHASSEE FL 32301
US

652 CAPITAL CIRCLE NE
SUITE B
TALLAHASSEE FL 32301-3568
US

00046334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

SUITE C

City & State

City & State

4. FEI Number

65-0666491

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAITES, BILL G
652 CAPITAL CIRCLE NE
SUITE B
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE C

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SAITES, BILL G
STREET ADDRESS 2750 OLD ST. AUGUSTINE ROAD #N-143
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE ST
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ST
NAME SAITES, LUCAS G
STREET ADDRESS 2750 OLD ST. AUGUSTINE ROAD #N-143
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V
NAME SAITES, GEORGE L
STREET ADDRESS 3 COCONUT ROW
CITY-ST-ZIP DAYTONA BEACH FL 32018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (850)878-5025
Date Daytime Phone #

CR2E034 (9/99)