

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000026109

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: ART ENCOUNTERS MANUFACTURING, INC.

Current Principal Place of Business:

652 CAPITAL CIRCLE NE
STE C
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

652 CAPITAL CIRCLE NE
STE C
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 65-0666491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAITES, BILL G
652 CAPITAL CIRCLE NE
STE C
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: SAITES, BILL G
Address: 2750 OLD ST. AUGUSTINE ROAD #N-143
City-St-Zip: TALLAHASSEE, FL 32301

Title: P () Delete
Name: SAITES, LUCAS G
Address: 2750 OLD ST. AUGUSTINE ROAD #N-143
City-St-Zip: TALLAHASSEE, FL 32301

Title: V () Delete
Name: SAITES, GEORGE L
Address: 1813 S.W. 69TH WAY
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL SAITES

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04/30/2002

Electronic Signature of Signing Officer or Director

Date