

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052616

1. Entity Name

The hook-up Artist INC

Principal Place of Business

Mailing Address

1951 Empress Ct
Naples FL 34110

2. Principal Place of Business

3. Mailing Address

1951 Empress Ct
Suite, Apt. #, etc.

Accurate Accounting
600 Goodlette Rd
Ste. 104

City & State

City & State

Naples FL
Zip 34110 Country USA

Naples FL
Zip 34102 Country USA

4. FEI Number

65-0589755

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

02 AUG -5 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800006977998--3
-08/08/02--01062--013
****458.75 ****458.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER
NAME GARY STEVEN
STREET ADDRESS 1951 EMPRESS CT
CITY-ST-ZIP NAPLES FL 34110

☐ Delete

TITLE P.V.P.-S-T
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
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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)(f), 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

Date:

Daytime Phone #

8/1/02

CR2E034 (11/00)

gs 8/6/02