

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90102 050 ***150.00

DOCUMENT # P95000075642

1. Entity Name

SAFARI ART LAND SEA AND SKY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Homosassa FLA

Suite, Apt. #, etc.

3. Mailing Address

6530 W Pleasant Ave

Suite, Apt. #, etc.

Homosassa FL

DO NOT WRITE IN THIS SPACE

City & State

FLA. ~~MINN.~~

City & State

FL

4. FEI Number

65-0616024

Applied For

Not Applicable

Zip

Country

citrus

Zip

34447

Country

citrus

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FITZGERALD ALLEN

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

6530 W Pleasant Ave

City

Homosassa

FL

Zip Code

34447

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P,VP, S, T
FITZGERALD ALLEN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/02

Daytime Phone #

305 233-2343

CR2E034B (12/01)