

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001624

1. Entity Name

BLUE ART DESIGN, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90044 025 ***150.00

Principal Place of Business

Mailing Address

1524 E. 7TH AVE
TAMPA FL 33605
US

1524 EAST 7TH AVE
TAMPA FL 33605-3704
US

2. Principal Place of Business

505 BURNS LANE

3. Mailing Address

505 BURNS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FLORIDA

City & State
SARASOTA, FLORIDA

4. FEI Number 59-3351899

Applied For
Not Applicable

Zip 34236

Country USA

Zip 34236

Country USA

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

WEINBERG, SHERYL
1524 E 7TH AVENUE
TAMPA FL 33605

Name SHERYL WEINBERG

Street Address (P.O. Box Number is Not Acceptable)
1707 KAYE DRIVE

City TAMPA FL 33613

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 *Sheryl Weinberg* (SHERYL WEINBERG)

4.17.2000

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 DVPS
NAME WEINBERG, SHERYL
STREET ADDRESS 1524 EAST 7TH AVENUE
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE DVPS
NAME Weinberg, Sheryl
STREET ADDRESS 1707 Kaye Drive
CITY-ST-ZIP Tampa Florida 33613 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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 my address, with all other like empowered.

SIGNATURE:

Sheryl Weinberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERYL WEINBERG 4.17.2000 (813) 2642873
Daytime Phone #

CR2E034 (9/99)