

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001624

1. Entity Name
BLUE ART DESIGN, INC.



FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90115 042 ***558.75

0568785 AV

Principal Place of Business
505 BURNS LANE
SARASOTA FL 34236
US

Mailing Address
505 BURNS LANE
SARASOTA FL 34236
US



2. Principal Place of Business
14744 LAKE MAGDALENE
CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
14744 LAKE MAGDALENE
CIRCLE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FLORIDA
Zip 33613 Country USA

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TAMPA FLORIDA
Zip 33613 Country USA

4. FEI Number 59-3351899

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEINBERG, SHERYL
1707 KAYE DRIVE
TAMPA FL 33613

7. Name and Address of New Registered Agent
Name SHERYL WEINBERG
Street Address (P.O. Box Number is Not Acceptable)
14744 LAKE MAGDALENE CIRCLE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WEINBERG, SHERYL 1707 KAYE DRIVE TAMPA FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS Weinberg, Sheryl 14744 LAKE MAGDALENE CIRCLE TAMPA FL 33613 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

05-13-03 941-330-9300
Date Daytime Phone #

CR2E034 (10/02)