

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028507

1. Entity Name

THE ART CART OF NAPLES, INC.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90310 019 \*\*\*150.00

Principal Place of Business

1100 FIFTH AVENUE SOUTH  
#201  
BONITA SPRINGS FL 34134

Mailing Address

P.O. BOX 9576  
NAPLES FL 32170-2310

2. Principal Place of Business

446 BOUCHEILLE DRIVE  
Suite, Apt. #, etc.  
#303

3. Mailing Address

P.O. BOX 2310  
Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

City & State

New Smyrna Beach FL

Zip

32169

Country

USA

Zip

32170-2310

Country

USA

4. FEI Number

65-0651147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHECHTER, JOEL H  
%CUMMINGS & LOCKWOOD  
3001 TAMiami TRAIL NORTH  
NAPLES FL 34103

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDV YOUNG, SUSAN 1100 FIFTH AVENUE SOUTH, SUITE 201 NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD YOUNG, SUSAN 1100 FIFTH AVENUE SOUTH, SUITE 201 NAPLES FL 34102	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASDV YOUNG, SUSAN 446 BOUCHEILLE DR. #303 New Smyrna Beach FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD YOUNG, SUSAN 446 BOUCHEILLE DR. #303 New Smyrna Beach FL 32169	<input checked="" 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)