

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000028842**1. Entity Name  
**PAGE O'CONNOR FINE ARTS, INC.****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90158 024 \*\*\*150.00

Principal Place of Business

**8955 HIGHWAY 98 WEST  
STE 103  
DESTIN FL 32541**

Mailing Address

**8955 HIGHWAY 98 WEST  
STE 103  
DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3370238**

Applied For

Not Applicable

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****HAUGHT, BRUCE A  
501 HIGHWAY 98 E  
SUITE G  
DESTIN FL 32541**

Name

**Bruce A. Haught, Esq.**

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

**36468 EMERALD COAST PKWY, BLDG 2, #2101**

City

**DESTIN****FL**

Zip Code

**32541**

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. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
O'CONNOR, PAGE  
201 CALHOUN AVENUE  
DESTIN FL 32541** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)