2003 FOR PROFIT CORPORATION

Mar 03, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P96000028842 DOCUMENT # 1. Entity Name 03-03-2003 90867 044 ***150.00 PAGE O'CONNOR FINE ARTS, INC. Principal Place of Business Mailing Address 8955 HIGHWAY 98 WEST 8955 HIGHWAY 98 WEST STE 103 **STE 103** DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 59-3370238 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent = 7.- Name and Address of New Registered Agent Bruce A. Haught HAUGHT, BRUCE A Street Address (P.O. Box Number is Not Acceptable) 385 Hwy 98 East, STE 220 36468 EMERALD COAST PKWY BLDG 2 #2101 DESTIN FL 32541 City Destin 8. The above named ent atement 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 **SIGNATURE** of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SECRETARY WM. J. O'CONNOR TITLE . ☐ Delete TITLE ☐ Change O'CONNOR, PAGE NAME NAME 201 CALHOUN AVENUE 8955 US HWY 98, WEST STREET ADDRESS STREET ADDRESS DESTIN FL 92541- 32550 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32550 TITLE ☐ Delete TITLE Change Change Addition NAME **SUITE 103** NAME STREET ADDRESS 8955 U.S. HWY 98, WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Destin Fl 32550 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 of the stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

850-267-8433

Change

☐ Addition

FILED