

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033806

1. Entity Name

ARTS PLANNING & DESIGN COMPANY, INC.

Principal Place of Business

Mailing Address

1401 TROPICAL AVE
KEY WEST FL 33040
US

1401 TROPICAL AVE
KEY WEST FL 33040
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0665532

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

FARRELLY, GREGORY G
506 LOUISA ST.
KEY WEST FL 33040

Name
Farrelly, Gregory G.

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

c/o Catalfome & Farrelly

506 Louisa Street

City
Key West

FL

Zip Code

33040

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

Gregory G. Farrelly Gregory G. Farrelly

01/10/01

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required with 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
P
KRAUT, HARRY J
1401 TROPICAL AVE.
KEY WEST FL 33040 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LOIKO, PETER A
1401 TROPICAL AVE
KEY WEST FL 33040 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry J. Kraut HARRY J. KRAUT

Date

Daytime Phone #

11 JAN 01 (305) 2944222

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90145 005 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)