

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90151 050 \*\*\*150.00

**DOCUMENT # P96000039330**

1. Entity Name  
**FOGLE FINE ART, INC.**

Principal Place of Business

**6950 PHILLIPS HIGHWAY  
 58  
 JACKSONVILLE FL 32216  
 US**

Mailing Address

**6950 PHILLIPS HIGHWAY  
 28  
 JACKSONVILLE FL 32216  
 US**

2. Principal Place of Business

3. Mailing Address

**6950 PHILLIPS HIGHWAY**

Suite, Apt. #, etc.

**58**

City & State

**JACKSONVILLE, FL.**

Zip

**32216**

Country

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3376417**

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

**FOGLE, LEIGH  
 FOGLE FINE ART, INC.  
 6950 PHILLIPS HWY STE 58  
 JACKSONVILLE FL 32216**

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]* **1-15-02** DATE  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>FOGLE, LEIGH</b>	
STREET ADDRESS	<b>6950 PHILLIPS HIGHWAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>FOGLE, BRYAN</b>	
STREET ADDRESS	<b>6950 PHILLIPS HIGHWAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **1-15-02** Date Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)