

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076686

1. Entity Name

ART SUSKEVICH, INC.

Principal Place of Business

8891 STAGHORN WAY
FT. MYERS FL 33908

Mailing Address

15210 IONA LAKES DRIVE
FT. MYERS FL 33908-1871

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

8891 STAGHORN WAY

Suite, Apt. #, etc.

FT MYERS

FT MYERS FL

Zip 33908

Country LEE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0699195

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUSKEVICH, ARTHUR E
15210 IONA LAKES DRIVE
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name SUSKEVICH, ARTHUR E

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

8891 STAGHORN WAY

City FT MYERS

FL

Zip Code 33908

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	D	NAME	SUSKEVICH, ARTHUR E	STREET ADDRESS	15210 IONA LAKES DRIVE	CITY-ST-ZIP	FT. LAKES FL 33908	<input type="checkbox"/> Delete
TITLE	D	NAME	SUSKEVICH, CURT E	STREET ADDRESS	15210 IONA LAKES DRIVE	CITY-ST-ZIP	FT. LAKES FL 33908	<input type="checkbox"/> Delete
TITLE	D	NAME	SUSKEVICH, DAVID A	STREET ADDRESS	15210 IONA LAKES DRIVE	CITY-ST-ZIP	FT. LAKES FL 33908	<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	D	NAME	SUSKEVICH, ARTHUR E	STREET ADDRESS	8891 STAGHORN WAY	CITY-ST-ZIP	FT MYERS FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	SUSKEVICH, CURT E	STREET ADDRESS	1220 SW 38 ST	CITY-ST-ZIP	CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	SUSKEVICH, DAVID A	STREET ADDRESS	8891 STAGHORN WAY	CITY-ST-ZIP	FT MYERS FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	SUSKEVICH, HENRIETTA M	STREET ADDRESS	8891 STAGHORN WAY	CITY-ST-ZIP	FT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

441-565-5923

Daytime Phone #