2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000010262** Apr 28, 2000 8:00 am Secretary of State AXIS ART AND DESIGN, INC. 04-28-2000 90094 050 ***150.00 Mailing Address Principal Place of Business 6808 N.W. 284TH TERRACE 6908 N.W. 284TH TERRACE HIGH SPRINGS FL 32643-9168 HIGH SPRINGS FL 32643 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3420037 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 🥣 7. Name and Address of New Registered Agent: Name BARRETT, RICHARD L ESQ. Street Address (P.O. Box Number is Not Acceptable) BARRETT, CHAPMAN & RUTA, P.A. 255 SOUTH ORANGE AVENUE #750 ORLANDO FL 32801 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition VD ☑ Delete TITI F TITLE WIGGINGTON, ANISA NAME STREET ADDRESS STREET ADDRESS P O BOX 327 N/A CITY-ST-ZIP CITY-ST-ZIP CAPTIVA FL 33924 Change ☐ Addition ☐ Delete TITLE PIAZZA, JAMES NAME STREET ADDRESS STREET ADDRESS 15127 IONA LAKES DR CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 Change Addition Delete TITLE STD---TITLE" BERARDI, ED NAME NAME STREET ADDRESS STREET ADDRESS 6808 N.W. 284TH TERRACE CITY-ST-ZIP CITY-ST-ZIP HIGH SPRINGS FL 32643 Change Addition ☐ Delete TITLE TITLE MICHAEL LATONA NAME NAME 28517 NW 20TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HIGH SPRINGS Change ☐ Delete Addition Addition TITLE TITLE NAME VICTOR NAME 2629 SE 20TH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MOE CORAL **Addition** ☐ Change TITLE ☐ Delete TITLE CAROL WEBER NAME NAME 9807 MAINSAIL COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Y-T MYEKS 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 lepot 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 of the receiver or dustee ampowered 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 officer or director.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

O.K. S.M.E.

HP97600010262 647974

Michael LaTona 28517 NW 70th Ave. High Springs, FL 32643

Victor Drobnic 2629 SE 20th Place Cape Coral, FL 33904

Carol Weber 9807 Mainsail Court Fort Myers, FL 33907