

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90183 012 ***150.00

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DOCUMENT # P97000010262

1. Entity Name
AXIS ART AND DESIGN, INC.



Principal Place of Business
**6808 N.W. 284TH TERRACE
HIGH SPRINGS FL 32643**

Mailing Address
**6808 N.W. 284TH TERRACE
HIGH SPRINGS FL 32643**

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 **59-3420037**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BARRETT, RICHARD L ESO
BARRETT, CHAPMAN & RUTA, P.A.
18 WALL STREET
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	PIAZZA, JAMES	
STREET ADDRESS	7650 ESTERO BLVD #604	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BERARDI, ED	
STREET ADDRESS	6808 N.W. 284TH TERRACE	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	D	<input type="checkbox"/> Delete
NAME	LATONA, MICHAEL	
STREET ADDRESS	1673 PARK MEADOW DR #3	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DROBOVIC, VICTOR	
STREET ADDRESS	2629 SE 20TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBER, CAROL	
STREET ADDRESS	9807 MAINSAIL CT	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward Berardi **RECEIVED** **EDWARD BERARDI**

4-23-03

386 454 4836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)