7/2/2002-90815-039-\$1

FILED Aug 13, 2002 8:00 am Secretary of State

07-02-2002 90815 039 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P97000033257 DOCUMEN™# ART GLASS EDUCATIONAL SERVICES, INC. 08-13-2002 90223 047 ***400.00 Mailing Address Principal Place of Business 701 N. DIXIE HIGHWAY 701 N. DIXIE HIGHWAY LAKE WORTH FL 33460 LAKE WORTH FL 33460 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0753851 Not Applicable Country \$8.75 Additional Country Zio 5. Certificate of Status Desired 7. Name and Address of New Registered Agent . 6. Name and Address of Current Registered Agent MATERIO, SHARON LYN Street Address (P.O. Box Number is Not Acceptable) 339 ALHAMBRA PLACE WEST PALM BEACH FL 33406 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) Oelete TITLE ☐ Addition TITLE MATERIO, SHARON NAME NAME 339 ALHAMBRA PLACE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME FREEMAN-JURNEY, ROBERTA H 9061 CYPRESS HOU OW DRIVE STREET ADDRESS STREET ADDRESS CITY ST ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP Change Addition TITLE ☐ Detete TITLE NAME WARDELL, RANDY NAME STREET ADDRESS 2841 NORTH OCEAN BLVD. 708 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33308 CITY-ST-ZIP ☐ Change Addition TITLE Deleta TITLE NAME NAUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NUME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CIFY-ST-ZIP 13. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If 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 eath; 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 Devtime Phone #

ART GLASS EDUCATIONAL SERVICES, INC.
701 N. DIXIE HWY.
LAKE WORTH, FL 33460 \$ 150.00 DOLARS DE 1072 63-643/670 00299

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