

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
 03-21-2000 90035 025 ***150.00

DOCUMENT # P97000066111

1. Entity Name

GLOBAL FINE ARTS ENTERPRISES INC.

Principal Place of Business

Mailing Address

**5177 CASTELLO DR., STE. 1
 NAPLES FL 34103**

**5177 CASTELLO DR., STE. 1
 NAPLES FL 34103-8929**

2. Principal Place of Business

3. Mailing Address

28000 Spanish Wells Blvd

P.O. Box 279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

City & State

Bonita Springs, FL

BONITA Springs, FL

Zip

Zip

34135

34133

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3459125

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

AMBURN, JAMES

**5177 CASTELLO DR., STE. 1
 NAPLES FL 34103**

Name

28000 Spanish Wells Blvd

Suite 200

City

Bonita Springs

FL

Zip 34135

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**TD
 AMBURN, JAMES W.
 5177 CASTELLO, #1
 NAPLES FL 34103**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**DPVTS
 JAMES W. AMBURN
 28000 Spanish Wells Blvd - ste 200
 Bonita Springs, FL 34135**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ 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 all other like empowered.

SIGNATURE:

JAMES W. AMBURN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/00

941-992-3355