

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90014 045 ***150.00

DOCUMENT # P97000083810

1. Entity Name

ART REPRODUCTIONS, INC.

Principal Place of Business

10707 WSTBROOK DR
 ORLANDO FL 32821

Mailing Address

10707 WSTBROOK DR
 ORLANDO FL 32821

2. Principal Place of Business

40905 MAXWELL RD

3. Mailing Address

40905 MAXWELL RD

Suite, Apt. #, etc.

Umatilla

Suite, Apt. #, etc.

Umatilla, Florida

City & State

FL

City & State

Umatilla, Florida

Zip

32784

Country

LAKE

Zip

32784

Country

LAKE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3470192

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYBRAND, C M
 728 W CANAL STREET
 NEW SMYRNA BEACH FL 32169

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.

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, 2002 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 PD
 NAME SKORDAS, ALEXANDRIA
 STREET ADDRESS 10707 WSTBROOK DR
 CITY-ST-ZIP ORLANDO FL 32821 ☐ Delete

TITLE VPD
 NAME WEBB, GINA S
 STREET ADDRESS 2272 BRIDGEWOOD TR
 CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE STD
 NAME SKORDAS, SULTANA
 STREET ADDRESS P O BOX 568093
 CITY-ST-ZIP ORLANDO FL 32856 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Sultana Skordas (SULTANA SKORDAS) 2-24-02 / 352-771-0095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)