

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90204 048 ***150.00

DOCUMENT # P97000083810

1. Entity Name

ART REPRODUCTIONS, INC.



Principal Place of Business

**40905 MAXWELL RD
UMATILLA FL 32784**

Mailing Address

**40905 MAXWELL RD
UMATILLA FL 32784**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

LYBRAND, C M

728 W CANAL STREET

NEW SMYRNA BEACH FL 32169

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD
NAME SKORDAS, ALEXANDRIA ☒ Change ☐ Addition
STREET ADDRESS 40905 MAXWELL RD
CITY-ST-ZIP UMATILLA, FL 32784

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE STD
NAME SKORDAS, SULTANA ☒ Change ☐ Addition
STREET ADDRESS 40905 MAXWELL RD
CITY-ST-ZIP UMATILLA, FL 32784

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

352-771-0095

Daytime Phone #

CR2E034 (10/02)