## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P97000087241

1. Entity Name SARA VAN ALSTYNE OLD PAINTINGS, INC.



FILED

Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90149 022 \*\*\*150.00

Principal Place of Business Mailing Address 1500 LK KNOWLES CIRCLE 1500 LAKE KNOWLES CIRCLE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3473629 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALTSMAN, ROBERT P Street Address (P.O. Box Number is Not Acceptable) 222 W. COMSTOCK AVENUE SUITE 210 WINTER PARK FL 32789 Zip Code City 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. J SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change GREY, ANNE C NAME NAME 1500 LAKE KNOWLES CIRCLE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.