

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104699

1. Entity Name

OBJECTS OF ART-HOLIDAY DESIGN STUDIO, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90032 014 ***150.00

Principal Place of Business

4630 S. KIRKMAN RD., #231
ORLANDO FL 32811-2802

Mailing Address

4630 S. KIRKMAN RD., #231
ORLANDO FL 32811-2873

2. Principal Place of Business

7319 Sandscove Ct.

3. Mailing Address

7319 Sandscove Ct.

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

Suite 10

City & State

Winter Park, FL

City & State

Winter Park FL

Zip

32792

Country

Orange

Zip

32792

Country

Orange

4. FEI Number

59-3484020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON, BELINDA A
4630 S. KIRKMAN RD., #231
ORLANDO FL 32811-2802

7. Name and Address of New Registered Agent

Name

Robertson, Belinda A

Street Address (P.O. Box Number is Not Acceptable)

7319 Sandscove Ct.

Suite 10

City

Winter Park

FL

Zip Code

32792

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, BELINDA A	
STREET ADDRESS	4630 S. KIRKMAN RD., #231	
CITY-ST-ZIP	ORLANDO FL 32811-2802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Belinda A. Robertson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

Date

407-220-3632

Daytime Phone #

CR2E034 (9/99)