

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90001 001 \*\*\*150.00

**DOCUMENT # P98000008269**

**1. Entity Name**  
**FINE ART CONSIGNMENT SHOPPE, INC.**

**Principal Place of Business**

**4785 LAKESHORE LOOP**  
**OLDSMAR FL 34677**

**Mailing Address**

**4785 LAKESHORE LOOP**  
**OLDSMAR FL 34677**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-3494499**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**VANDERMOER, CHRISTINE M**  
**4785 LAKESHORE LOOP**  
**OLDSMAR FL 34677**

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** *Christine M Vandermoer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8-9-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**

**DPST**  
**VANDERMOER, CHRISTINE M**  
**4785 LAKESHORE LOOP**  
**OLDSMAR FL 34677**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
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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:**

*Christine M Vandermoer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-9-01**

Date

**727 789-5915**

Daytime Phone #

CR2E034 (5/01)

Attachment  
#P98000008269  
A086150

August 9, 2001

Florida Department of Corporations  
Division of Corporations

To Whom it may concern,

This letter to confirm the receipt of the 2001 Uniform Business Report. Fine Art Consignment Shoppe, Inc. has always paid our fees and bills in a timely fashion. I never received the original billing form and we have been away on a month -long business buying trip. I got this in the mail while I was away and am sending immediate payment of the original \$150.00 and ask your understanding in waiving the penalty since the original was never received and I thought the fee was recently abolished. We have been in business for several years as a corporation and have never been delinquent in any payments or fees.

Thank you for your consideration in this matter. Please send me notification if further payment is due.

Sincerely,



Christine Vandermoer

President

Fine Art Consignment Shoppe, Inc.