

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084383

1. Entity Name
UTOPIART, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90100 024 ***150.00

Principal Place of Business

201 WOODLAND DRIVE
OSPREY FL 34229

Mailing Address

201 WOODLAND DRIVE
OSPREY FL 34229-9771

2. Principal Place of Business

94 Harbor House Drive
Suite, Apt. #, etc.

3. Mailing Address

94 Harbor House Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Osprey, FL
Zip 34229 Country Manatee

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Osprey, FL
Zip 34229 Country Manatee

4. FEI Number

65-0870026

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

MARTIN, MARY GAYLE
201 WOODLAND DRIVE
OSPREY FL 34229

Name

Street Address (P.O. Box Numbers Not Acceptable)

94 Harbor House Drive

City

Osprey,

FL

Zip Code

34229

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME THOMPSON, TOBY
STREET ADDRESS 201 WOODLAND DRIVE
CITY-ST-ZIP OSPREY FL 34229

TITLE ☒ Change ☐ Addition
NAME 94 Harbor House Drive
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARTIN, MARY GAYLE
STREET ADDRESS 201 WOODLAND DRIVE
CITY-ST-ZIP OSPREY FL 34229

TITLE ☒ Change ☐ Addition
NAME 94 Harbor House Drive
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000

Daytime Phone #

941-966-2189

CR2E034 (9/99)