

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098142

1. Entity Name  
GLOBAL ART CORPORATION

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90277 011 \*\*\*150.00

Principal Place of Business  
8955 BEACH BLVD  
JACKSONVILLE FL 32216

Mailing Address  
8955 BEACH BLVD  
JACKSONVILLE FL 32216

00037640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
12542 Highview Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Jacksonville, FL

4. FEI Number 59-3545146

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

WATTS, WILL S JR.  
8955 BEACH BLVD  
JACKSONVILLE FL 32216

Name: Watts Will S. Jr.  
Street Address (P.O. Box Number is Not Acceptable): 12542 Highview Dr.  
City: Jacksonville FL Zip Code: 32225

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 \_\_\_\_\_ (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, 2001 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: WATTS, WILL S JR.  
STREET ADDRESS: 12542 HIGHVIEW DR  
CITY-ST-ZIP: JACKSONVILLE FL 32225

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

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CITY-ST-ZIP: ☐ 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01 904-6429246  
Date Daytime Phone #

CR2E034 (10/00)