

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101804

1. Entity Name

ART ULTIME PUBLISHING INC.

Principal Place of Business

Mailing Address

1025 FOXFIRE LN #103
NAPLES FL 34104

1025 FOXFIRE LN #103
NAPLES FL 34104

2. Principal Place of Business

1364 SPERLING CT

Suite, Apt. #, etc.

3. Mailing Address

1364 SPERLING CT

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES, FL

4. FEI Number

65-0884578

Applied For

Not Applicable

Zip

34103

Country

COLLIER

Zip

34103

Country

COLLIER

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERIN, RICHARD
1025 FOXFIRE LN UNIT 403
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

RICHARD RIVERIN

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

1364 SPERLING CT

City

NAPLES, FL

FL

Zip Code

34103

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

02/07/01

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RIVERIN, RICHARD	
STREET ADDRESS	1025 FOXFIRE LN #103	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIVERIN, RICHARD	
STREET ADDRESS	1025 FOXFIRE LN #103	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	RICHARD RIVERIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1364 SPERLING CT	
CITY-ST-ZIP	NAPLES, FL 34103	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/01 (941) 213-0947

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)