

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000010563

Entity Name: MASTERWORKS ART GROUP, INC.

FILED  
Sep 13, 2002  
Secretary of State

**Current Principal Place of Business:**

6304 BENJAMIN RD  
SUITE 800  
TAMPA, FL 33634 US

**New Principal Place of Business:**

6708 BENJAMIN RD  
SUITE 800  
TAMPA, FL 33634 US

**Current Mailing Address:**

6304 BENJAMIN RD  
SUITE 800  
TAMPA, FL 33634 US

**New Mailing Address:**

6708 BENJAMIN RD  
SUITE 800  
TAMPA, FL 33634 US

FEI Number: 65-0891251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WINDFELDT, GENE  
Address: 139 BAREFOOT CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVD ( ) Delete  
Name: WINDFELDT, MICHAEL  
Address: 139 BAREFOOT CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD ( ) Delete  
Name: WINDFELDT, GREGORY  
Address: 139 BAREFOOT CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WINDFELDT

SVD

09/13/2002

Electronic Signature of Signing Officer or Director

Date