

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012686

1. Entity Name

ART-FX STUDIOS, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90176 015 ***150.00

Principal Place of Business

Mailing Address

602 WEST BAY STREET
PERRY FL 32747

602 WEST BAY STREET
PERRY FL 32347-2627

2. Principal Place of Business

3. Mailing Address

602 WEST BAY ST.
Suite, Apt. #, etc.

602 W. Bay ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

PERRY, FL 32347

PERRY, FL

4. FEI Number

Applied For

59-3557522

Not Applicable

Zip

Country

Zip

Country

32347 TAYLOR

32347 TAYLOR

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

PADGETT, MOLLY S
602 WEST BAY STREET
PERRY FL 32747

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

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 PD ☐ Delete
NAME PADGETT, KEITH D
STREET ADDRESS 602 WEST BAY STREET
CITY-ST-ZIP PERRY FL 32747

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

TITLE VSTD ☐ Delete
NAME PADGETT, MOLLY S
STREET ADDRESS 602 WEST BAY STREET
CITY-ST-ZIP PERRY FL 32747

TITLE ☐ Change ☐ Addition
NAME
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

MOLLY S. PADGETT

Date

Daytime Phone #

4/28/00

584-9356

CR2E034 (9/99)