

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049154

1. Entity Name

ART VUE GALERIE, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90118 046 ***150.00

Principal Place of Business Mailing Address
225 B KING ST. 225 B KING ST.
COCOA FL 32922 COCOA FL 32922-7939

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 59-3583321 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
MOODY, JANET A Name
2130 WINSTON DR. Street Address (P.O. Box Number is Not Acceptable)
COCOA FL 32926 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 _____ (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. ☒ 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	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREWER, BARBARA B			NAME			
STREET ADDRESS	225 B KING ST.			STREET ADDRESS			
CITY-ST-ZIP	COCOA FL 32922			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANNON, DIANE D			NAME			
STREET ADDRESS	2640 SLASH PINE CT.			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32780-2825			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEYER, MARTHA R			NAME			
STREET ADDRESS	225 B KING ST.			STREET ADDRESS			
CITY-ST-ZIP	COCOA FL 32922			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOODY, JANET A			NAME			
STREET ADDRESS	2130 WINSTON DR.			STREET ADDRESS			
CITY-ST-ZIP	COCOA FL 32926			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TURNER, J. JOAN			NAME			
STREET ADDRESS	225 B KING ST.			STREET ADDRESS			
CITY-ST-ZIP	COCOA FL 32922			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: DIANE D. SHONG CANNON Date: 4-25-00 Daytime Phone #: 268-5734

CR2E034 (9/99)