

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057258

1. Entity Name

ACTIVE IMAGINATION ART STUDIOS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90065 030 ***150.00

Principal Place of Business

Mailing Address

2090 SOUTH NOVA ROAD
SUITE K-1109
SOUTH DAYTONA FL 32119

2090 SOUTH NOVA ROAD
SUITE K-1109
SOUTH DAYTONA FL 32129-1865

2. Principal Place of Business

1733 S. Ridgewood Ave Ste B

3. Mailing Address

P.O. Box 291865

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

So. Daytona FL

City & State

So. Daytona FL

4. FEI Number

59-3584147

Applied For

Not Applicable

Zip

32119

Country

VOL

Zip

32129

Country

VOL

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

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

Name

Kris Anderson

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

1733 S. Ridgewood Ave., Ste B

City

So. Daytona

FL

Zip Code

32119

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 Kris Anderson - Pres

Signature, typed or printed name of registered agent and title if applicable.

Kris H. Anderson

(NOTE: Registered Agent signature required when reinstating)

1-13-00

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 | PP | <input type="checkbox"/> Delete |
| NAME | ANDERSON, KRIS H | |
| STREET ADDRESS | 2090 SOUTH NOVA ROAD | |
| CITY-ST-ZIP | SOUTH DAYTONA FL 32119 | |
| TITLE | STP | <input type="checkbox"/> Delete |
| NAME | ANDERSON, DEREK R | |
| STREET ADDRESS | 2090 SOUTH NOVA ROAD | |
| CITY-ST-ZIP | SOUTH DAYTONA FL 32119 | |
| 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 | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Anderson, Kris H | |
| STREET ADDRESS | 117 Porpoise Dr. Apt 207 | |
| CITY-ST-ZIP | Daytona Bch FL | |
| TITLE | S,T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Anderson, Derek R | |
| STREET ADDRESS | 117 Porpoise Dr. Apt 207 | |
| CITY-ST-ZIP | Daytona Bch FL | |
| 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: Kris H. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)