## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2001 8:00 am Secretary of State DOCUMENT # **P99000064809** ART SERVICES OF ORLANDO, INC. 05-14-2001 90261 044 \*\*\*150.00 Principal Place of Business Mailing Address 2525 ROUSE ROAD 2525 ROUSE ROAD ORLANDO FL 32817 ORLANDO FL 32817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3606377 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOVIS, EVELYN M Street Address (P.O. Box Number is Not Acceptable) 2525 ROUSE ROAD ORLANDO FL 32817 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Delete TITLE Change ☐ Addition NAME HOVIS, EVELYN M NAME: STREET ADDRESS 2525 ROUSE ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐-Deich - 🔄 · Change ----- 🖃 · Addition · NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition