2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073823

FRANK HILL ARTWORKS, INC.

4/1.4/1

FILED Jun 16, 2000 8:00 am Secretary of State 04-13-2000 90036 050 ***150.00

Principal Place of Busi	nace	. Mailing Address		-	2000 20020 030 130
Principal Piace of Business		3056 S SR7 BAY 78 MIRAMAR FL 33023			
2. Principal Place of B	Pusiness	3. Mailing Address	18th Ave.		
Suite, Apt. P, etc.		Suite, Apr. #, etc.	. 10	DO NOT WRITE IN	THIS SPACE
City & State		City & State	EDALE . F.I.	1 FEL Number 2010	Applied For Not Applicable
Zip	Country	3330Y	Country	5. Certificate of Status Desired	Fee Required
8. No	eme and Address of Current I	Registered Agent	Name	7. Name and Address of New Register	ered Agent
GILBERT, LL 3056 S SR7	BAY 78	=	Street Addres	s (P.O. Box Number is Not Acceptable)	
MIRAMAR FI	L 33023		City		Zip Code
3. The above named	entity submits this statement for	r the purpose of changing	g its registered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE					
Signature,	typed or printed harne of regulatest again a		(NOTE: Registered Agent signature requ	ired when reinstaling)	DATE
	eligible to satisfy its Intangible ent and elects to do so.	After MAY 1	OW!!! FEE IS \$150.00 I, 2000 Fee will be \$550.0 Iyable to Department of S	t trust runo Commoulon.	\$5.00 May Be Added to Fees
1.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICER	
	SIDENT HER W. GILDERT U.S. INTO AVE	Oekta	NAME STREET ADDRESS CITY-SE-ZIP		☐ Change ☐ Addition
TILE -	- LATUVERYHLL, P	7. 5220 9 □ Delete	TITLE		☐ Change ☐ Addition
IAME ITREET ADDRESS ITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
me		☐ Delete	· TILE		☐ Change ☐ Addition
HAME STREET ADDRESS STY-ST-ZIP	•		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAMÉ		☐ Dallete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			- STREET ADORESS	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS \			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ACORESS CITY-ST-ZIP		
13. I hereby certify the indicated on this	nat the information supplied with report or supplemental report i	n this filling does not quali s true and accurate and t	ify for the exemption stated in that my signature shall have t	Section 119.07(3)(i), Florida Statutes, I furt the same legal effect as if made under cath;	her certify that the information that I am an officer or director
of the corporation	n or the receiver or trustee emp in attachment with an address,	owered to execute this re	port as required by Chapter	607, Florida Statutes; and that my name ap	pears in Block 11 or Block 12 it
SIGNATURE		Killet	<u> </u>	4-10-00 955	23-8812
		PRINTED HAME OF SIGNING OF	FICER OR DIRECTOR	Cate	Deytings Phone #