Secretary or State 05-05-2000 90029 012 ***150.00

2000 UNIFORM BUSINESS REPORT (UBK)			FILED
OCUMENT # P99000076053	* .		May 05, 2000 8:00 an
OT A DID. INO			Secretary of State

2000 UNIFORM	BUSINESS REPORT (L	J
DOCUMENT # P99(1. Entity Name ART 2 BID, INC.	000076053	b
Principal Place of Business	Mailing Address	
1816 AIRPORT ROAD. SOUTH NAPLES FL 34112	1816 AIRPORT ROAD. SOUTH NAPLES FL 34112-3816	

1816 AIRPORT NAPLES FL 341		1816 AIRPORT ROAD. SOUT NAPLES FL 34112-3816	H							
2. Principal P	ace of Business	3. Mailing Address								
	, FLORIDA	ART 2 BID		}	I (BBH) BBC FIO (BH) BBH) BBHFL BBHFL	\$141 KBINI IBBAB B		I D THE FEET		
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPA	CE			
1816 A	IRPORT RD S.	262 QUINCY	AVE							
City & State		City & State	- · .		4. FEI.Number			olied For		
NAPLE	S, FL	LONG BEACH,			59 3613977			Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired		.75 Addit			
34112	USA	90803	USA				e Required			
	6. Name and Address of Current I	Registered Agent	A1		7. Name and Address of New Re	gistered Age	int			
			i Nar	Name						
STAI	NLEY, JOHN F		Stre	et Address (F	O. Box Number is Not Acceptable)					
	AIRPORT ROAD, SOUTH			· · · · · · · · · · · · · · · · · · ·						
	LES FL 34112							-		
			City	,	, marie .	— El T	Zip Code			
			City			FL				
8 The above	named entity submits this statement for	the purpose of changing its	registered offic	ce or registere	ed agent, or both, in the State of Flori	ida.				
5. 1710 abore	That had strike a second strike to the second secon	p p p g g g g		_	,					
					,					
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent	signature required	when reinstating)	DATE				
				50.00						
	pration is eligible to satisfy its Intangible	FILE NOW!! After MAY 1, 200			10. Election Campaign Fina			May Be		
•	equirement and elects to do so. ria on back)	Make Check Payab			Trust Fund Contribution	. 🗆	Added	to Fees		
	<u> </u>				ADDITIONS/CHANGES TO OFFIC	CEBS AND D	IDECTORS	IN 11		
11.	OFFICERS AND		12.	1005	SIDENT		Change	Addition		
TITLE	PRESIDENT	☐ Delete	TITLE				ų change	L Addition		
NAME	GERALO R. PILGER JR		NAME	CERF	NO R. PILGER J	_				
STREET ADDRESS	262 QUINCY AVE		STREET ADDR	1ESS ZGZ	QUINCY AVE	90803				
CITY-ST-ZIP	LONG BEACH CA. 908	53	CITY-ST-ZIP		6 BEACH CA					
TITLE	VICE PRESIDENT	☐ Delete	TITLE		PRESIDENT	LX.	Change	Addition		
NAME	PETER PILGER		NAME	PETE	ER PILGER	E 11				
STREET ADDRESS		٠	STREET ADDR	I	TZ HUNTLEY LAN		MPNs - no	ì		
CITY-ST-ZIP			CITY-ST-ZIP	1,07,11	LES FL 341			133.4.1 22		
TITLE	SECRETARY	☐ Delete	TITLE		RETARY	L	Change	☒ Addition		
NAME			NAME	JE	F PILGER	11175				
STREET ADDRESS			STREET ADDI		7 BREYER HILL DRI					
CITY-ST-ZIP			CITY-ST-ZIP		AND LAKE IL			rest a sur		
TITLE		☐ Delete	TITLE		EASURER	Ļ	Change	XI Addition		
NAME	=		NAME		UMY SCHLOSSER 31 N. CRAMER ST	-				
STREET ADDRESS			STREET ADDI				211			
CITY-ST-ZIP			CITY-ST-ZIP		ITEFISH BAY W					
TITLE		☐ Delete	TITLE	DIR	ECTOR SCHLOSSER		Change	⊠ Addition		
NAME			NAME	NE	I NI CRAMER ST			ĺ		
STREET ADDRESS			STREET ADDI	RESS 473	I N. CRIMER 31	- 201				
CITY-ST-ZIP			CITY-ST-ZIF	WHI	TEFISH BAY WI					
TITLE		☐ Delete	TITLE		ECTOR		☐ Change	Addition		
NAME			NAME	MAI	RYBETH SANTE	24/5				
STREET ADDRESS	1		STREET ADD	RESS 342	7 BREYER HILL DE	:IVE				
CITY-ST-ZIP			CITY-ST-ZIF	256	AND LAKE IL	600	12			
13. I hereby	certify that the information supplied with	this filling does not qualify for	the exemption	n stated in Se	ction 119.07(3)(i), Florida Statutes.	further certify	that the in	nformation or director		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it 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:	Gerald R. P. J.	A GERALD R.	PILGER	JR	4-28-00	562-433-520
0.0	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #