## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED DOCUMENT # **P99000095607** Sep 12, 2000 8:00 am Secretary of State SELLYOURART.NET INC. 09-12-2000 90152 003 \*\*\*550.00 Principal Place of Business Mailing Address 6503 N. MILITARY TRAIL.#2607 6503 N. MILITARY TRAIL.#2607 **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-096552 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORBES, LYNAAE Street Address (P.O. Box Number is Not Acceptable) 852 MILLSTREAM ROAD PONTE-VEDRA FL 32082 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. Ş SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President, CEO Change ☐ Addition TITLE ☐ Delete TITLE FORMAN, HOWARD NAME 6503 N. MILITARY TRAIL, #2607 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP **X** Addition Change TITLE The Delete TITLE NAME NAME اصم آل موا STREET ADDRESS STREET ADDRE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition TITLE ☐ Delete TITLE 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