2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000103174** May 24, 2000 8:00 am Secretary of State 1. Entity Name LES. Property ART'S CORNER INC. 05-24-2000 90128 001 \*\*\*158.75 05-24-2000 90128 002 \*\*\*158.75 Principal Place of Business Mailing Address 5605 N 1905 COUNTRY CLUB DR. TITUSVILLE FL 32780 COCOA TIL 32926 Principal Place of Business Mailing Address Club De 905 Con 3855 ScHopkins Ave Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State Not Applicable \$8.75 Additional Country ountry 5. Certificate of Status Desired A 2C Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1965 (S. Hopking) Street Address (P.O. Box Number is Not Acceptable) LESLIE, SUSAN D 5605 N. HWY. 1 Aue Titosville, FL 32780 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. ADDRESS CLIANGE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE LESLIE, SUSAN D NAME STREET ADDRESS STREET ADDRESS 1905 COUNTRY CLUB DR. CITY-ST-ZIP CITY-ST-7IP TITUSVILLE FL 32780 ☐ Change Addition Delete TITLE TITLE BRADSHAW, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 1905 COUNTRY CLUB DR. CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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: كىمىد SIGNATURE AND THE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

## April 30,2000

To the powers that be:

My partner & I have a corporations however we only received I form in the mail

I have taken the liberty of sending you the information & payments for both Arts Corner, Inc.

as well as L&S Property mant, Inc.

Being inexperienced I hope you will forgive any complications this may have caused ya'all Please let me or Larry know if we need to re-do or whatever

Respectfully >

Swan w. Lestre