

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S45191**

1. Entity Name
PORCELAIN STUDIO, INC.

Principal Place of Business
**2859 LEXINGTON STREET
SARASOTA FL 34231**

Mailing Address
**2859 LEXINGTON STREET
SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0289199**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANSEN, DANIEL P
245 N TAMiami TRAIL
SUITE E
VENICE FL 34285**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD JOHN C W** ☐ Delete
STREET ADDRESS **2859 LEXINGTON ST**
CITY-STATE-ZIP **SARASOTA FL**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME **DVP GORMLEY, MELISA** ☐ Delete
STREET ADDRESS **213 EAST PALM AVE**
CITY-STATE-ZIP **NOKOMIS FL 34275**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-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 line empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/02 941 944-8765

Date

Daytime Phone

FILED

02 OCT 24 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

43112

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Here is a New check # 4906
to Replace the Check # 4880
That you misplaced & we
Had to pay to Stop Payment.
Your Attention is Appreciated

Porcelain Studio

10-18-02