

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S94125

1. Entity Name

A TOUCH OF ART - GALLERY & FRAMERY, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90250 046 ***150.00

Principal Place of Business

Mailing Address

~~1283 S TAMiami TRAIL~~
SARASOTA FL 34239-34232
5403 FRUITVILLE RD.

~~1283 S TAMiami TRAIL~~
SARASOTA FL 34239-34232
5403 FRUITVILLE RD.

C0050104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0295328

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CRAIG, STEPHEN M.
~~1283 S TAMiami TRAIL~~
SARASOTA FL 34239-34232
5403 FRUITVILLE RD.

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.

SIGNATURE _____ (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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
NAME CRAIG, STEPHEN M.
STREET ADDRESS ~~1283 S TAMiami TRAIL~~ 5403 FRUITVILLE RD
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE ☐ Delete
NAME T
STREET ADDRESS ~~1283 S TAMiami TRAIL~~ FRUITVILLE RD.
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHROEDER, VIRGIL
CITY-ST-ZIP 80 E COURT DR - 2379 LAKEVIEW DR. DECATUR IL SARASOTA, FL 34238

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

TITLE ☐ Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen M. Craig (STEPHEN M. CRAIG) 1-10-01 1-941-379-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0403778

CR2E034 (10/00)