

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42017

1. Entity Name

ANOTHER CANVAS SHOP INC.

Principal Place of Business

451 NE 25TH ST  
POMPANO BEACH FL 33064  
US

Mailing Address

451 NE 25TH ST  
POMPANO BEACH FL 33064  
US

2. Principal Place of Business

451 NE 25TH ST.  
Suite, Apt. #, etc.

3. Mailing Address

451 NE 25TH ST.  
Suite, Apt. #, etc.

City & State

POMPANO, FL.

City & State

POMPANO, FL.

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

4. FEI Number

65-0346055

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, TODD  
1531 NE 32 PL  
POMPANO BCH FL 33064

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title 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 \$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

TITLE P  
NAME ADAMS, TODD  
STREET ADDRESS 1531 NE 32 PL  
CITY-ST-ZIP POMPANO BCH FL ☐ Delete

TITLE VP  
NAME SHORTES, SHANE  
STREET ADDRESS 210 NE 10TH ST  
CITY-ST-ZIP DELRAY BEACH FL 33444 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
Please remove  
Shane Shortes.

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90105 002 \*\*\*150.00

05-17-2001 90105 001 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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