

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000062271

**Entity Name:** UNIVERSITY OF MULTI ARTS, INC

**Current Principal Place of Business:**

9 C ST  
HAINES CITY, FL 33844

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC4385597162**

**Current Mailing Address:**

622 CARVER DR.  
LAKE WALES, FL 33853 US

**FEI Number: 46-0588822**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DAVIS, ANTHONY D  
622 CARVER DR.  
LAKE WALES, FL 33853 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO  
Name            DAVIS, ANTHONY D  
Address        622 CARVER DR  
City-State-Zip: LAKE WALES FL 33853

Title            COO  
Name            DAVIS, ELMER JR.  
Address        9 C ST  
City-State-Zip: HAINES CITY FL 33853

Title            SEC  
Name            DAVIS, ANTHONY  
Address        622 CARVER DR  
City-State-Zip: LAKE WALES FL 33853

Title            DIRECTOR  
Name            COOPER, JESSICA  
Address        9 C ST  
City-State-Zip: HAINES CITY FL 33844

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANTHONY DAVIS**

**CEO**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date