

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000012564**

1. Entity Name
ARTIFACTS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG - 2 / PM 1:59

Principal Place of Business: UNIT #4, 36132 EMERALD COAST PKWY. DESTIN FL 32541
Mailing Address: UNIT #4, 36132 EMERALD COAST PKWY. DESTIN FL 32541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **Artifacts L.L.C.**
3. Mailing Address: **Same**

Suite, Apt. #, etc. **36132 Emerald Coast Pkwy #4**

City & State: **Destin / FL.**

Zip: **32541** Country: **okaloosa**

4. FEI Number: **N/A** Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEIMORTS, MICHAEL L ESQ.
4507 FURLING LANE, STE. 209 THE PLAZA
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name: **Same**
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]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE: **July 30 / 01**

Please Note:

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

700004513807--3
-08/03/01-01032-023
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Ed. Nazarian (Manager)
CITY-ST-ZIP	36132 Emerald Coast Pkwy. Destin, FL, 32541
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	(850) 650-0108
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE** *[Signature]* DATE: **July 30 / 01** Daytime Phone #

CR2E083 (5/01)