

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075520

1. Entity Name

ARTLIFE PRODUCTIONS, INC.

P

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90010 045 ***150.00

Principal Place of Business

1872 HICKORY LANE
ATLANTIC BEACH FL 32233

Mailing Address

1872 HICKORY LANE
ATLANTIC BEACH FL 32233

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

59-3599536

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

SADLER, KAREN
1872 HICKORY LANE
ATLANTIC BEACH FL 32233

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **KAREN SADLER**
CITY-ST-ZIP **1872 HICKORY LANE**
ATLANTIC BEACH FL 32233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Karen Sadler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-00

Date

Daytime Phone #

ARTLIFE PRODUCTIONS INC.

A0069828
P99 000075520
Attach

DATE: 7-20-00
TO: CYNTHIA
FR: KAREN SADLER
RE: UBR FILING FEE

PER OUR CONVERSATION OF TODAY,
PLEASE NOTE THAT I DID NOT RECEIVE ANY PREVIOUS FILING FORMS FOR THE UBR
2000 NOR ANY CORRESPONDENCE. I AM ENCLOSING MY COMPANY CHECK FOR A
FEE OF \$150. AS RECOMMENDED BY YOU WITH THIS LETTER. THANK YOU FOR YOUR
CONSIDERATION AND ADVICE.

SINCERELY,



KAREN SADLER
ARTLIFE PRODUCTIONS, INC.