

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000011585

**Entity Name:** ARTEMISNET, INC.

**Current Principal Place of Business:**

4202 E. FOWLER AVENUE  
MSC 1300  
TAMPA, FL 33620

**Current Mailing Address:**

30442 USF HOLLY DRIVE  
TAMPA, FL 33620 US

**FEI Number:** 93-2221042

**Certificate of Status Desired:** No

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

GONZALEZ, THOMAS F  
501 COMMENDENCIA STREET  
PENSACOLA, FL 33502 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 P  
Name FOURNAND, OLIANA A  
Address 30442 USF HOLLY DRIVE  
City-State-Zip: TAMPA FL 33620

Title T  
Name GONZALEZ, GABRIELLE J  
Address 30442 USF HOLLY DRIVE  
City-State-Zip: TAMPA FL 33620

Title VP  
Name RICKS, HAILEE J  
Address 30442 USF HOLLY DRIVE  
City-State-Zip: TAMPA FL 33620

Title VP  
Name LANG, KATHERINE A  
Address 30442 USF HOLLY DRIVE  
City-State-Zip: TAMPA FL 33620

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GABRIELLE J GONZALEZ

**TREASURER**

**03/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date