

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90035 041 \*\*\*158.75

DOCUMENT # F01000004152

1. Entity Name

TRANSFORMATION ARTS, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

792 Marstean Dr, left  
Suite, Apt. #, etc.

3. Mailing Address

328 OCEANWALK DR. N  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Atlanta, GA

City & State  
ATLANTIC BEACH, FL

4. FEI Number

58-2541549

Applied For

Not Applicable

Zip  
30306

Country  
USA

Zip  
32233

Country  
USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name - DAVID J. PODZIEWICZ

Street Address (P.O. Box Number is Not Acceptable)  
328 OCEANWALK DR. N

City ATLANTIC BEACH

FL

Zip Code  
32233

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DAVID J. PODZIEWICZ  
328 OCEANWALK DR. N  
ATLANTIC BEACH, FL 32233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
DANIELA PODZIEWICZ, ESQ.  
792 MARSTEAN DR, LEFT  
ATLANTA, GA 30306

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DAVID J. PODZIEWICZ, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 904-241-8824

Date

Daytime Phone #

CR2E034B (12/01)