

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90414 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # J79317</b>			
1. Entity Name <b>ARTIS OPUS, INC.</b>			
Principal Place of Business <b>70 PALMER AVE. WINTER PARK FL 32789-2530</b>		Mailing Address <b>70 PALMER AVE. WINTER PARK FL 32789-2530</b>	
2. Principal Place of Business		3. Mailing Address <b>1101 ELM AVE.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SANFORD, FLORIDA</b>		4. FEI Number <b>59-2827182</b>	
Zip <b>32771</b>		Country <b>Seminole</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75*Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>POOL, BERNARDINE H 70 PALMER AVE WINTER PARK FL 32789</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POOL, BERNARDINE H. 70 PALMER AVE. WINTER PARK FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ANGELA FitzPatrick 1101 ELM AVE. SANFORD, FLORIDA 32771-2871</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Angela P. FitzPatrick, P. & L. Trustees* **APRIL 11, 2002** **407-322-9511**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)