

# 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Artifacts L.L.C.  
36132 Emerald Coast  
PkwY #4

Suite, Apt. #, etc.

Same

City & State

Destin / FL

City & State

Zip

32541

Country

okaloosa

Zip

Country

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent must sign 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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Delete

TITLE  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Ed. Nazarian (Manager)  
36132 Emerald Coast Pkwy.  
Destin, FL, 32541

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

(850) 650-0108

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

July 30/01

CR2E083 (5/01)