**FILED**
**Jun 09, 2003 8:00 am**
**Secretary of State**
05-15-2003 90112 028 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L27997 (2)

1. Entity Name

Artel Corp of America

**DO NOT WRITE IN THIS SPACE**

44003798

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 403 Blue Lake Dr | 403 Blue Lake Dr |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Longwood, Fl. | City & State: Longwood Fl |
| Zip: 32779 Country: Seminole | Zip: 32779 Country: Seminole |

4. FEI Number: 59-2992671 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Arthur F. Roche

Street Address (P.O. Box Number is Not Acceptable): 403 Blue Lake Dr

City: Longwood FL Zip Code: 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1- May 1 Fee is $150.00**
**After May 1 Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | President |
| NAME | Arthur F. Roche |
| STREET ADDRESS | 403 Blue Lake Dr |
| CITY-ST-ZIP | Longwood Fl 32779 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Pres Arthur F. Roche 5/1/03 407.682.7835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #