## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 29, 2001 8:00 am Secretary of State **DOCUMENT # M84009** 05-29-2001 90015 028 \*\*\*150.00 ARTEL SALES COMPANY, INC. Principal Place of Business Mailing Address 15685 CARRIEDALE LANE 15685 CARRIEDALE LANE LULU FT. MYERS FL 33912 FT. MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0064422 Not App'icable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AVISCHIOUS, ELSIE A Street Address (P.O. Box Number is Not Acceptable) 15685 CARRIEDALE LANE FT. MYERS FL 33912 City Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating) DATE FILE NOW ! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2( )1 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE TITLE Change Addition ☐ Delete AVISCHIOUS, ELSIE ANN NAME NAME 15685 CARRIEDALE LANE STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP FT. MYERS FL TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

13. I hereby certify that the information supplied with this filing does not qualify fc. 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 by signature shall have the same legal effect as if made under eath; 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

Delete

Daytime Phone #

☐ Change

☐ Addition



Document# mg 4009 g ARTEL SALES CO., Inc.

15685 CARRIEDALE LN. FORT MYERS, FL 33912 (941) 768-0028 WAREHOUSE: P.O. BOX 984 PALATINE, IL 60078 (800) 942-8562 FAX (847) 359-8897

May 22, 2001

Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Gentlemen:

Enclosed is my check for \$150.00 for the annual filing.

I know that this amount was due on May 1, 2001 but business has not allowed me to pay prior to this date.

Very truly yours,

Elsie Ann Avischious