## FILED May 23, 2003 8:00 am Secretary of State

2003 NOT-FOR-PROFIT CORPORATION

UNIFURM BUSINESS REPURI (UBR)						05-23-2003	90152 01	0 ****	51.25	
1. Entity Nam	MENT # N39849 ART USA, INC.	បានស្នាសាក								
Principal Place of Business Malling Address				<del></del>	7					
3849 OAKWA		3849 OAKWATER CIRCLE	_							
ORLANDO, FL	_ 32806	ORLANDO, FL 32806								
5 2000		T-Man-				<b>. 10</b> 191 1 <b>01</b> 11 91010 1				N
2. Principal P	face of Business	3. Mailing Address	3. Mailing Address							ı
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IS MAKING CHANGED				
					CHECK HERE IF MAKING CHANGES					
City & State	*	City & State	City & State					A	plied For	7
						9-2953802		N	st Applicable	]
Ζιρ	Country Zip C		Co	untry	5. Certificate of S	tatus Desired		8.75 Add		
			<u> </u>				F6	e Require	d	ļ
<del></del> -	6. Name and Address of Curre	Name	7. Name and Ad	dress of New Re	eglatered Ag	ent		-		
CARR, DAV	MD			Name				-		1
3849 OAKW	VATER CIRCLE	Street Address (P.O. Box Number is Not Acceptable)								
ORLANDO,	FL 32806	<del></del>						+		
				City			FL	Zip Cod	e	
8. The above	named entity submits this statement	for the nurpose of changing its	register	ed office or registe	ered agent, or both i	n the State of Flor		niller with	and accent	1
	ions of registered agent.	The state of the s	· cgioiei		order against an adail, t	110000000000000000000000000000000000000			ш аттър.	
-4			•			•				1
SIGNATURE .	<u>-</u>									
	Signature, typed or printed name of registered ag	ent and tide if applicable. (NOT	E: Registere	nd Agentsignature require	pư when reinstating)		DATE			1
						54 21 4				
FILE NOW FEE IS \$61:25*  9. Election Campaign F Trust Fund Contribut					\$5.00 May Be		œ Check I			
		neres se irustruna (	JONUNDUI	tion.	Added to Fees	, Florid	la Departin	ent of a	itate :	
10.	OFFICERS AND	DIRECTORS	111.		ADDITIONS/CHANG	SES TO OFFICE	S AND MRF	CTORS IN	10	¥
TITLE	STD	☐ Delete	101		7.15 61716767	aco vo di vioci		Change	Addition	15
HANG	CARR, DAVID		NAM	- 1			_	23 0 9-		740/03
STREET ADDRESS	3849 OAKWATER CIRCLE		STR	EET ADORESS .						1,0
CITY-ST-ZIP	ORLANDO, FL		CITY	r-51-21P						F037
TITLE	D ;	☐ Delete	101	E				Change	Addition	٦,
NAME	CARBONE, LAURIE		NAM	- )						ľ
STREET ADDRESS	4269 GABRIELLA LANE			ET ADDRESS						l
City-St-2P	WINTER PARK, FL 32792	<del></del>		1-S1-ZIP						4
TITLE	D	Delete	TITL	J				] Change	Addition	ļ
NAME STREET ADDRESS	BARNETT, JOANN 4107 GABRIELLA LANE		RIAM	RET ADORRESS						
CHY-SI-ZP	WINTER PARK, FL 32792		B	1-51-21P						ł
TITLE	<del> </del>	Dekete	101		<del></del>			Change	☐ Addition	1
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STREET ADDRESS			STR	BET ADDRESS						ł
CITY-ST-2P			cm	r-51-21P						
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CITY-ST-ZP	<u> </u>		СПУ	'-ST-ZIP						]
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NAME STREET ADDRESS			NAM	J	_					ļ
CITY-ST-2P			1	RET ADDRESS 1-S1-ZIP	•					1
	partify that the information supplied to	ith this filing stoop has availed to			ANNON STO ATTOWN	larida Chabasa 1	Sudhan a	**********		1
12. I hereby certify that the Information supplied with this filling 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 pospiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if										
changed,	poration of the peceiver of thusiee en , or on an attack ment with an address	ripowered to execute this report s, with 'ell other like empowered	as requi	red by Chapter 61	iz, Florida Statutes; a	nd that my name	appears in B	Hock 10 or	Block 11 if	
changed, or on an attac metri with an address, with ell other like empowered.										