

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**  
 03-21-2000 90015 050 \*\*\*\*61.25

**DOCUMENT # N41239**

1. Entity Name

**ARTARGET, INC.**

Principal Place of Business

1055 S. TAMiami TRAIL  
 SARASOTA FL 34236  
 US

Mailing Address

PO BOX 49733  
 SARASOTA FL 34230-6733  
 US

2. Principal Place of Business

810 Central Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Zip

Country

34236

U.S.

Country

4. FEI Number

65-0236857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

TEPPER, ARTHUR L  
 27 FLETCHER AVE.  
 SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

Kimberly E. Young Shepherd

Street Address (P.O. Box Number is Not Acceptable)

3310 Barstow St

City

Sarasota

FL

Zip Code

34235

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

Kimberly E. Young Shepherd (President)

3/17/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	YOUNGSHEPHERD, KIM	
STREET ADDRESS	3310 BARSTOW PL.	
CITY-ST-ZIP	SARASOTA FL 39235	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOWAL-HOFFMAN, JILL	
STREET ADDRESS	540 ORANGE AVE S	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, DONAVAN	
STREET ADDRESS	500 PELICAN RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLABACH, JAMES	
STREET ADDRESS	P.O. BOX 37530	
CITY-ST-ZIP	SARASOTA FL 34278	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEELER, CARL	
STREET ADDRESS	211 CHAUNCEY AVE E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELCHER, SANDRA	
STREET ADDRESS	2107 41ST W. ST.	
CITY-ST-ZIP	BRADENTON FL 34209	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kimberly E. Young Shepherd* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000 366 7106

Date

Daytime Phone #