

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90363 015 ****61.25

DOCUMENT # N41239

1. Entity Name

ARTARGET, INC.



Principal Place of Business

**3310 BARSTOW ST.
SARASOTA FL 34237
US**

Mailing Address

**PO BOX 49733
SARASOTA FL 34230
US**

2. Principal Place of Business

481 S. Lime Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Zip

Country

34237 USA

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

7. Name and Address of New Registered Agent

**YOUNGSHEPHERD, K E
3310 BARSTOWS ST.
SARASOTA FL 34237**

**481 S. Lime Ave
Sarasota FL 34237**

Name

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | YOUNGSHEPHERD, KIM | |
| STREET ADDRESS | 3310 BARSTOW PL. | |
| CITY-ST-ZIP | SARASOTA FL 34235 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | KOWAL-HOFFMAN, JILL | |
| STREET ADDRESS | 540 ORANGE AVE S | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | EVANS, DONAVAN | |
| STREET ADDRESS | 500 PELICAN RD | |
| CITY-ST-ZIP | SARASOTA FL 34297 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SLABACH, JAMES | |
| STREET ADDRESS | P.O. BOX 37530 | |
| CITY-ST-ZIP | SARASOTA FL 34116 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | KEELER, CARL | |
| STREET ADDRESS | 211 CHAUNCEY AVE E | |
| CITY-ST-ZIP | BRADENTON FL 34205 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MELCHER, SANDRA | |
| STREET ADDRESS | 2107 41ST W. ST. | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |

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

SIGNATURE REQUIRED

4/9/03

941/366/7106

CR2E037 (10/02)