2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 30 PM 1:51

DOCUMENT # P00000015177

1. Entity Name
ARTIUM DESIGN GROUP, INC.

ADDRESS CHANGE

Principal Place of Business	Mailing Address
5385 JAEGER ROAD NAPLES FL 34109	5385 JAEGER ROAD NAPLES FL 34109

2. Principal Place of Business	3. Mailing Address
6260 SHIRLEY ST	6260 SHIRLEY ST
Suite, Apt. #, etc. 603	Suite, Apt. #, etc. 603
City & State NAPLES FL	City & State NAPLES FL
Zip 34109 Country COLLIER	Zip 34109 Country COLLIER

DO NOT WRITE IN THIS SPACE
05/04/01 00080 047 **150

4. FEI Number 65-0995475 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ECKHARDT, NANCY C
6352 HUNTINGTON LAKES CIRCLE
NAPLES FL 34119

7. Name and Address of New Registered Agent

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES NANCY ECKHARDT 6260 SHIRLEY ST NAPLES, FL 34109 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES SEC/TREA BARBARA L DODD 6260 SHIRLEY ST NAPLES FL 34109 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Clark Eckhardt 4/26/01 941-514-4710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)