

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91219 032 \*\*\*550.00

**551318**



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000023263</b>			
1. Entity Name <b>ARTRON INC.</b>			
Principal Place of Business <b>1314 E. LAS OLAS BLVD. SUITE 203 FT LAUDERDALE FL 33301</b>		Mailing Address <b>1314 E. LAS OLAS BLVD. SUITE 203 FT LAUDERDALE FL 33301</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0987806</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SHUMAN, RONALD</b> <b>1402 E LAS OLAS BLVD, SUITE 203</b> <b>FT LAUDERDALE FL 33301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>1314 E LAS OLAS. #203</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY-1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>SHUMAN, RONALD</b> <b>1402 E LAS OLAS BLVD, SUITE 203</b> <b>FT LAUDERDALE FL 33301</b>		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:** *Ronald Shuman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)