

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0154681

DOCUMENT # P00000045994

1. Entity Name
ARTONA METAL-ART, INC.

03-12-2001 90456 024 ***150.00

Principal Place of Business ATTN: MICHELLE R. WEBER 200 SOUTH BISCAYNE BLVD. SUITE 2500 MIAMI FL 33131-2336	Mailing Address ATTN: MICHELLE B. WEBER 200 SOUTH BISCAYNE BLVD. SUITE 2500 MIAMI FL 33131-2336
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1121 Mission Ridge Ct Suite, Apt. #, etc. Orlando FL City & State	3. Mailing Address 1121 Mission Ridge Ct Suite, Apt. #, etc. Orlando FL City & State
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEBER, MICHELLE R 200 SOUTH BISCAYNE BLVD. SUITE 2500 MIAMI FL 33131-2336	7. Name and Address of New Registered Agent Name HASKELSON PIERRE Street Address (P.O. Box Number is Not Acceptable) 1121 MISSION RIDGE CT City Orlando FL Zip Code 32835
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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 *Pierre Haskelson* (NOTE: Registered Agent signature required when reinstating) DATE 3/8/2001

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	D HASKELSON, PIERRE 12943 MIDFIELD TERRACE ST. LOUIS MO 63146 <i>new address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSALYN HASKELSON 1121 MISSION RIDGE CT Orlando FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1121 MISSION RIDGE CT. Orlando FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Pierre Haskelson* **PIERRE HASKELSON** 3/8/2001 407 292 5649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)