FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 31 PM 4:00

DOCUMENT # P00000056216

1. Entity Name

ARTONLINE, INC.

DO NOT WRITE IN THIS SPACE

01-02 UBR

2. Principal Place of Business	3. Mailing Address
1301 SEMINOLE BLVD	SAME
Suite, Apt. #, etc. 117	Suite, Apt. #, etc.
City & State LARGO, FL	City & State
Zip 33770 Country PINELLAS	Zip Country

4. FEI Number 59-3677780 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LOVELACE, WILLIAM K. ESQ

Street Address (P.O. Box Number is Not Acceptable): 401 S. LINCOLN AVE

City: CLEARWATER FL Zip Code: 33756

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)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. May Be Subject to Fees

$300.00

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID RENNER 2717 SEVILLE #12104 Clearwater FL 33764 PRES.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JERRY RIGGIN 3339 BRIARWOOD CIR V.P. SAFETY HARBOR, FL 34695
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KATHY KOVACH 4550 47TH STREET W #709 BRADENTON, FL 34210 SEC.TRS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100004926591--0
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****450.00 ****300.00
AD

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

727-216-2000

SIGNATURE: _____ DAVID RENNER 01-29-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #