

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90235 046 \*\*\*150.00

**DOCUMENT # P00000064196**

1. Entity Name  
**ARTISTIC FOAM DESIGNS, INC.**

Principal Place of Business      Mailing Address  
**760-C GREENSBORO ROAD      760-C GREENSBORO ROAD**  
**COCOA FL 32926                      COCOA FL 32926**



2. Principal Place of Business      3. Mailing Address  
**751 C Enterprise Ct                      751 C Enterprise Ct**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**C    C**

City & State      City & State  
**Melbourne FL                                  Melbourne FL**

DO NOT WRITE IN THIS SPACE

Zip      Country      Zip      Country  
**32934      USA                                  32934      USA**

4. FEI Number      Applied For  
**59-3653495                                  Not Applicable**

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

6. Name and Address of Current Registered Agent  
**RATH, MARK A**  
**760-C GREENSBORO ROAD**  
**COCOA FL 32926**

7. Name and Address of New Registered Agent  
 Name: **Mark A Rath**  
 Street Address (P.O. Box Number is Not Acceptable): **751 C Enterprise Ct.**  
 City: **Melbourne**      FL      Zip Code: **32934**

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:      DATE: **1-29-02**  
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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RATH, MARK A</b> <b>611 ROCKLEDGE DRIVE</b> <b>ROCKLEDGE FL 32955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:      DATE: **1-29-02**      Daytime Phone #: **321-633-7681**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

U113333 999999 02-13-2002 90235 046 \*\*\*150.00 CR2E034 (9/01)