2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000064196

1. Entity Name

ARTISTIC FOAM DESIGNS, INC.



FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90232 046 ***150.00

					7				
Principal Place of Business 751 C ENTERPRISES CT SUITE C MELBOURNE FL 32934		SUITE C	751 C ENTERPRISES CT						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			(1887) 19 11 11 11 11 11 11 11 11 11 11 11 11 11	18 610 8 8 11010 1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State	City & State			FEI Number 59-3653495		plied For t Applicable]
Zip	Country	Zip	Cour	ountry		5. Certificate of Status Desired See Required Fee Required			
	urrent Registered Agent		7. Name and Address of New Registered Agent						
				Name					
RATH, MARK A				,					
-	TERPRISES CT		Stre		eet Address (P.O. Box Number is Not Acceptable)				
	RNE FL 32934								1
٤.	INE FL 32934								
\$ 8°.			C			FL	Zip Code	3	1
8. The above the obligat	named entity submits this state ions of registered agent.	ment for the purpose of chang	ging its register	l ed office or regis	stered a	gent, or both, in the State of Florida. I am fa	L miliar with, a	and accept	
CIONATUDE	•								
SIGNATURE.	Signature, typed or printed name of register	red agent and title if applicable.	(NOTE: Registere	ed Agent signature requ	ired wher	reinstating) DATE			
After	00 50.00 nent of State			9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees			
10.	OFFICER	S AND DIRECTORS	D DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D ;	☐ Delet	e TITL	E			Change	Addition	78
NAME	1 0 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			në.					3
			EET ADDRESS					1	
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY	'-ST-ZIP					Ì
TITLE		☐ Delete	e TITL	E			Change	☐ Addition	عُ [
NAME			NAM	ΙE			-		1
STREET ADDRESS			STRE	ET ADDRESS					1
CITY-ST-ZIP			CITY	-ST-ZIP					

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12. 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 secure his eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all over, lies that the changed of the corporation of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation o

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-03

321-633-768

Daytime Phone i

5034 (10/02)