

2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90153 033 \*\*\*150.00

DOCUMENT # P00000068719

1. Entity Name

Artibe Inc.



DO NOT WRITE IN THIS SPACE

60010268

2. Principal Place of Business

2177 Arlington St

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Sarasota FL

City &amp; State

4. FEI Number

65-1027633

Applied For  
Not Applicable

Zip

34239

Country

USA

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee RequiredDO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Les Gard: CPA

Street Address (P.O. Box Number is Not Acceptable)

7061 S Tamiami Trail

City

Sarasota

FL

Zip Code

34231

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPP/O  
Georgy Arany  
2177 Arlington St.  
Sarasota FL 34239TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
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CITY - ST - ZIPDO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

941 925-2099

Daytime Phone #

CR20043 (12/02)