

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90075 042 ***150.00

DOCUMENT # **P00000106500**

1. Entity Name

ARTEXEXPRESSED.COM, INC.

Principal Place of Business

Mailing Address

**2046 INDIGO TERRACE
 DUNEDIN, FL 34698**

A0062759

2. Principal Place of Business

3. Mailing Address

2046 INDIGO TERRACE
 Suite, Apt. #, etc.

2046 INDIGO TERRACE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DUNEDIN, FL

City & State

DUNEDIN FL

4. FFI Number

59-3681934

Applied For

Not Applicable

Zip

Country

34698

Zip

Country

34698

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**SPIEGEL & UTRERA, PA
 343 ALMAIDA AVE.
 CORAL GABLES, FL 33134**

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)

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, 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 **V. PRESIDENT** ☐ Delete

NAME **CAROL WOMBLE**

STREET ADDRESS **2046 INDIGO TERR.**

CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **PRESIDENT** ☒ Change ☐ Addition

NAME **CAROL WOMBLE**

STREET ADDRESS **SAME ADDRESS AS #11**

CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Delete

NAME **DAVID WOMBLE**

STREET ADDRESS **2046 INDIGO TERR**

CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **TREASURER** ☒ Change ☐ Addition

NAME **DAVID WOMBLE**

STREET ADDRESS **SAME ADDRESS AS #11**

CITY-ST-ZIP

TITLE **Vice President** ☒ Delete

NAME **CONNIE J. HARRIS**

STREET ADDRESS **921 CHATHAM WAY**

CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: **David Womble**

DAVID WOMBLE 423-01 (727) 738-8725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/00)