


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90082 031 \*\*\*150.00

0590567  
AV

<b>DOCUMENT #</b> P00000106500	
1. Entity Name ARTEXPRESSED.COM, INC.	

Principal Place of Business 2046 INDIGO TERRACE DUNEDIN FL 34698	Mailing Address 2046 INDIGO TERRACE DUNEDIN FL 34698
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number	59-3681934	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<del>SPIEGEL &amp; UTRERA, P.A.</del> <del>343 ALMERIA AVENUE</del> <del>CORAL GABLES FL 33134</del>	Name DAVID E. WOMBLE Street Address (P.O. Box Number is Not Acceptable) 2046 INDIGO TERRACE City Dunedin FL 34698
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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.
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SIGNATURE DAVID E. WOMBLE Signature, typed or printed name of registered agent and title if applicable.	DAVID E. WOMBLE (NOTE: Registered Agent signature required when reinstating)	2-18-03 DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOMBLE, DAVID E 2124A SUNNYDALE BOULEVARD CLEARWATER FL 33765	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOMBLE, CAROL L 2124A SUNNYDALE BOULEVARD CLEARWATER FL 33765	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 execute this report 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 other like empowered.
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SIGNATURE: DAVID E. WOMBLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2-18-03 (727) 738-8725 Date Daytime Phone #
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☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

attachment

90137019

#P00000106500

TO:

FCA Dept. State

5-19-03

I realize my payment is late. I'm asking you to accept the 150<sup>th</sup> and waive the penalty. This is a company my wife and I run out of our home for extra income - 20,000 yr. or so total.

I was ill and my wife doesn't do the accounting - I had signed the form back in Feb before I got sick for 2 months. I appreciate any consideration - David Womble