

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90196 030 \*\*\*150.00

**DOCUMENT # P01000047210**

1. Entity Name  
**ARTISTIC PROJECTS, INC.**

Principal Place of Business

2714 FLORIDA BLVD., #2  
 DELRAY BCH FL 33483

Mailing Address

2714 FLORIDA BLVD., #2  
 DELRAY BCH FL 33483

2. Principal Place of Business

5049 Ashley Ln. Dr.  
 Suite, Apt. #, etc.  
 1133

3. Mailing Address

5049 Ashley Ln. Dr.  
 Suite, Apt. #, etc.  
 1133

City & State

Boynton Bch. Fl.

City & State

Boynton Bch. Fl.

4. FEI Number

593717496

Applied For

Not Applicable

Zip

Country

33437-3131

PAUM Bch

Zip

Country

33437-3131

PAUM Bch

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

SOKOLOWSKI, MARK  
 2714 FLORIDA BLVD., #2  
 DELRAY BCH FL 33483

Name

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

City

FL

Zip Code

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME D  
 STREET ADDRESS SOKOLOWSKI, MARK  
 CITY-ST-ZIP 2714 FLORIDA BLVD., #2  
 DELRAY BCH FL 33483

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS BLACK, TINA  
 CITY-ST-ZIP 220 NE 13TH ST.  
 DELRAY BCH FL 33444

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/14/02 (56) 573-3032

CR2E034 (4/02)

Attachment

973270  
PO1000047210

**Artistic Projects Inc.**

5049 Ashley Lake Dr. Apt.#1133 Boynton  
Bch. Fl. 33437  
(561)561-5032

August 4, 2002

Attention Division of Corporations,

I've only been in business for about a year, and until my accountant told me what this letter was I didn't even know I hadn't received the first notice..... I moved my Business location and never received it. In consideration of this I hope you can wave the penalty. I've changed my address on the report and am inclosing a check for \$150.00. Your understanding will be greatly appreciated.....

Sincerely,  
Mark Sokolowski  
Signature

A handwritten signature in black ink, appearing to be 'Mark Sokolowski', written over a horizontal line.