

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90037 031 ***158.75

DOCUMENT # P01000114213

1. Entity Name

ARTWIRK.COM INC.

Principal Place of Business

**1610 NW 128TH DRIVE #14-108
 SUNRISE FL 33323**

Mailing Address

**1610 NW 128TH DRIVE #14-108
 SUNRISE FL 33323**

951870



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1610 NW 128TH DR.

3. Mailing Address

P.O. Box 450996

Suite, Apt. #, etc.

#14-303

Suite, Apt. #, etc.

DE

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-1158049

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

33345

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FENLEY, CAROLYN

1610 NW 128TH DRIVE #14-108

SUNRISE FL 33323

7. Name and Address of New Registered Agent

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.

SIGNATURE

C. Fenley

C. Fenley

2.08.02

Signature, typed or printed name of registered agent and date 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, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PD
 FENLEY, CAROLYN
 1610 NW 128TH DRIVE #14-108
 SUNRISE FL 33323**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

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:

C. Fenley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.08.02

Date

954.835.1150

Daytime Phone #

CR2E034 (9/01)