

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90306 031 ***150.00

DOCUMENT # P02000093538

1. Entity Name
ARTISANS DIAMONDS OF NAPLES, INC.



Principal Place of Business
**229 N COLLIER BLVD
MARCO ISLAND FL 34145**

Mailing Address
**229 N COLLIER BLVD
MARCO ISLAND FL 34145**

2. Principal Place of Business
690 5th Avenue
Suite, Apt. #, etc.

3. Mailing Address
690 5th Avenue
Suite, Apt. #, etc.

City & State
Naples FL

City & State
Naples FL

4. FEI Number
48-1278391

Applied For
☐ Not Applicable

Zip Country
34102 Collier

Zip Country
34102 Collier

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OSTROW, STEPHEN R
229 N COLLIER BLVD
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name
Paul Terterian

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

690 5th Avenue

City State Zip Code
Naples FL 34102

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 *Paul Terterian*

(NOTE: Registered Agent signature required when reinstating)

1-29-03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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-ZIP	<input type="checkbox"/> Delete
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P Paul Terterian 27938 Trailwood Ct. Farmington Hills, MI 48334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V Janet Terterian 27938 Trailwood Ct. Farmington Hills, MI 48334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Paul Terterian*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03 *248-3747000*
Date Daytime Phone #

CR2E034 (10/02)