## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P34666

ART FINDS INTERNATIONAL, INC.

Principal Place of Business 5636 PROGRESS

Mailing Address

5636 PROGRESS

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Sep 08, 2000 8:00 am Secretary of State 09-08-2000 90003 004 \*\*\*550.00

US IN 46241			INDIANAPOLIS IN 46241 US									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			$\dashv$	DO NOT WRITE IN THIS SPACE						
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City & State			City & State			4.	32-108(0) 12			pplied For ot Applicable	$\left\{ \right.$	
Zip		Country	Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
=	-6. Name	and Address of Current F	legistered Agent		T	7:-	Name ar	nd Address of N				1.
					Name							1
SWANSON, CHARLES E											┨	
		ORE N #802			Street Address (P.O. Box Number is Not Acceptable)							
	LES FL 34					•		<del></del>				1
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					City				FL	Zip Cod	.e	l
8. The above	named entity	submits this statement for	the purpose of changing its	s register	ed office or reg	istered ag	gent, or b	ooth, in the State	of Florida.			
SIGNATURE _	Signatura bused	or printed name of registered agent ar	and title if applicable. (NOT	E: Bogistor	ad Agent signature rec	nuired when	reinstation)		DATE			
	Signature, typeu	or printed traine or registered agent at				-	remistating)		DAIL .			┨
	-	ble to satisfy its Intangible			\$ \$550.00	i	10. E	Election Campaig	ın Financing	\$5.0	<b>)0</b> May Be	
Tax filing requirement and elects to do so. (See criteria on back)		After SEPTEMBER 13, 2000 Min. will be \$75 Make Check Payable to Department of Sta			Trust Fund Contribution Added to Fees							
·	a on back)				epartment of	L			05510550 4115	DIDECTOR		-
11.	DOEO	OFFICERS AND D		12.		Al	DOITION	S/CHANGES TO	OFFICERS AND			18
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NAME	JOHNSO	N, TODD O		NAM	IE .							
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<ol><li>13. Thereby c</li></ol>	ertify that the	information supplied with	this filing does not qualify fo	or the exe	emption stated i	n Section	i 119.07(3	ajjij, Fiorida Statu	iles. i further cer	шу шашпет	поппацоп	1

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: