

2001 UNIFORM BUSINESS REPORT (UBR)

0398044

DOCUMENT # P93000079090

1. Entity Name
ARTAD, INC.

FILED

01 APR 30 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

11216 TAMiami TR N
SUITE 233
NAPLES FL 33963

Mailing Address

11216 TAMiami TR N
SUITE 233
NAPLES FL 33963

2. Principal Place of Business

342 GERMAIN AVE

3. Mailing Address

P.O. BOX 111390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES, FL

4. FEI Number 65-0448928

Applied For

Not Applicable

Zip
34108

Country
COLLIER

Zip
34108

Country
COLLIER

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

MIERENDORFF, KAY
11216 TAMiami TR N
STE 223
NAPLES FL 34110

Name
MIERENDORFF, KAY
Street Address (P.O. Box Number is Not Acceptable)
342 GERMAIN AVE
City
NAPLES FL Zip
34108

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

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!
After MAY 1, 2001
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
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MANTHEY, ANNA
11290 EMERALD BAY CIR STE. L4
NAPLES FL 33963 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004192185-112
-05/09/01--01144--001
****793.75 ****158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MANTHEY, ROLF
11290 EMERALD BAY CIR STE. L4
NAPLES FL 33963 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KAY MIERENDORFF 3/15/2001 941-598-3737

CR2E034 (10/00)