

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017250

1. Entity Name  
ARTIC SPRING CORPORATION

Principal Place of Business  
835 CREATIVE DRIVE  
UNIT 1  
LAKELAND FL 33813

Mailing Address  
835 CREATIVE DRIVE  
UNIT 1  
LAKELAND FL 33813

2. Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Zip

Country  
Country

4. FEI Number **59-3239798**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CHACHULA, KATHERINE W  
3705 US 98 SOUTH  
LAKELAND FL 33813

Name

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

City

FL Zip Code

DO NOT WRITE IN THIS SPACE

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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PT CHACHULA, KATHERINE W 3705 US 98 SOUTH LAKELAND FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WOODSMALL, KATHERINE W 3705 US 98 SOUTH LAKELAND FL 33813	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Katherine W. Chachula  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01 (843)644-7244  
Date Daytime Phone #

CR2E034 (10/00)