2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000053358

1. Entity Name



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90168 022 ***150.00

ARTISTIC STUDIO, INC.												
Principal Plac 865 LAFAYETT CAPE CORAL	e street	Mailing Address 865 LAFAYETTE STREET CAPE CORAL FL 33904										
2. Principal P	lace of Business	3. Mailing Address				,					 	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						☐ CHECK HERE IF	MAKING (CHANGES	3	
City & State			City & State				4. FI	El Number 65-0590949			Applied For Not Applicable	}
Zip	Country	Zip Count			try		5. Certificate of Status Desired S8.75 Additive Fee Required					
	ed Agent				7. N	ame and Address of New Rec	istered A	jent		_		
ONORINI, REBECCA					Name		- , -		- :	· - ·]
865 LAFAYETTE STREET						Street Address (P.O. Box Number is Not Acceptable)						
CAPE COI	ŀ								1			
CAPE CO	TAL FL 33504 (3)			,						T		4
,	"				City				FL	Zip Co	de	
	named entity submits this statement for	or the purp	ose of changing its re	gistere	ed office or	registere	d age	ent, or both, in the State of Florid	la. I am fa	miliar with	i, and accept	1
												1
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE: R	egistered	d Agent signatu	re required v	vhen reir	nstating)	DATE			1
E1	ILE NOW!!! FEE IS \$150.00				<u> </u>		Т					1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State			100		Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be ed to Fees	
10.	OFFICERS AND		l PRS	11,]DA	DITIONS/CHANGES TO OFFIC	ERS AND (DIRECTOR	AS IN 11	┨
TITLE	VP		☐ Delete	TITLE						Change	☐ Addition	78
NAME	ONORINI, REBECCA			NAME	:							3
STREET ADDRESS	5155 YORK CT				ET ADDRESS							3
CITY-ST-ZIP	CAPE CORAL FL 33904	<u>.</u>			CITY-ST-ZIP							1 5
TITLE	P		☐ Delete	TITLE	i					☐ Change	Addition	5
NAME	ONORINI, GIORGIO			NAME	I							
STREET ADDRESS CITY-ST-ZIP	5155 YORK CT CAPE CORAL FL 33904				et address St-zip						•	
	^		Dalete.	TITLE						Change	☐ Addition	-
TITLE NAME	onorini, alesdsandro		☐ Delete	NAME	I				'	Change		
STREET ADDRESS	5720 RIVERSIDE DR		, were .		ET ADDRESS "		 -	er e ee.				
CITY-ST-ZIP	CAPE CORAL FL 33904			CITY-	ST-ZIP							
TITLE	T		☐ Delete	TITLE						☐ Change	Addition	7
NAME	ONORINI, LUISA			NAME	:							
STREET ADDRESS	709 SESAME CT				ET ADDRESS							
CITY-ST-ZIP	CAPE CORAL FL 33904				ST-ZIP							4
TITLE NAME			☐ Delete	TITLÉ NAME						Change	☐ Addition	
STREET ADDRESS					T ADDRESS							
CITY-ST-ZIP	· 				ST-ZIP							
TITLE			☐ Delete	TITLE					1	Change	Addition	1
NAME		-		NAME								
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				CITY-	ST-ZIP							4
12. Thereby o	ertify that the information supplied with	n this filing	does not qualify for th	e exer	nption state	ed in Sec	tion 1	19.07(3)(i), Florida Statutes. I fu	irther certif	y that the	information	ĺ

indicated on this report or supplied with this mining does not qualify for the exemption stated in Section 118.07(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 accress, with all other like empowered.