2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000065585** Feb 13, 2000 8:00 am 1. Entity Name Secretary of State ARTEMIS INTERNATIONAL TECHNOLOGIES, INC. 02-13-2000 90020 016 ***150.00 Principal Place of Business Mailing Address 1427 AURORA RD. 1427 AURORA RD. MELBOURNE FL 32935 MELBOURNE FL 32935-5315 DUBTORVO US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3339991 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Richardson RICHARDSON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1370 ALTAMONT AVE. NE PALM BAY FL 32905 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. (NOTE: Registered Agent signature required when reinstating) egistered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE PROCTOR, DUSTIN T PROCTOR, DUSTIN T NAME 7570-5 Greenboro Drive 1370 ALTAMONT AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 Change TITLE ☐ Delete RICHARDSON, RICHARD NAME STREET ADDRESS STREET ADDRESS 1370 ALTAMONT AVE. CITY-ST-7IP west Melbourne. FL CITY-ST-ZIP PALM BAY FL 32907 ____ Addition . === Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:



2/1/00

(321)757-8909

Daytime Phone #