

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077703

1. Entity Name

ARTIGRAFIX, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90315 021 ***150.00

Principal Place of Business

MISSION CLUB BLVD
APT 203
ORLANDO FL 32821
US

Mailing Address

MISSION CLUB BLVD
APT 203
ORLANDO FL 32821
US

LUUJ1410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6612 MISSION CLUB BLVD.

3. Mailing Address

6612 MISSION CLUB BLVD

Suite, Apt. #, etc.
APT. # 203

Suite, Apt. #, etc.
APT. # 203

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

Zip Country
32821 USA

Zip Country
32821 USA

4. FEI Number 59-3336520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SZARWINSKI, KRIS
6612 MISSION CLUB DR
APT 203
ORLANDO FL 32821

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Kris SZARWINSKI, PRESIDENT, CEO

Kris Szarwinski

04/29/2000

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!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE PCEO ☐ Delete

NAME SZARWINSKI, KRIS
STREET ADDRESS 6612 MISSION CLUB BLVD., #203
CITY-ST-ZIP ORLANDO FL 32821

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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:

Kris SZARWINSKI, PRESIDENT & CEO

Kris Szarwinski, 04/29/2000, 407-238-9755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)