## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P95000077703 1. Entity Name ARTIGRAFIX, INC. 05-10-2001 90229 028 \*\*\*150.00 Mailing Address Principal Place of Business 6612 MISSION CLUB BLVD 6612 MISSION CLUB BLVD **APT 203 APT 203** UUU50373 ORLANDO FL 32821 ORLANDO FL 32821 ПŜ US rincipal Place of Business IL MISSION CLUB BLUD 3. Mailing Address (6/2 MISSION CLUS BLVD. DO NOT WRITE IN THIS SPACE MISSION CLUB BLUS#203 Apt. #, etc. 203 4. FEI Number Applied For 59-3336520 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SZARWINSKI, KRIS Street Address (P.O. Box Number is Not Acceptable) 6612 MISSION CLUB DR **APT 203** ORLANDO FL 32821 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition **PCEO** Change □ Delete TITLE TITLE SZARWINSKI, KRIS NAME NAME STREET ADDRESS 6612 MISSION CLUB BLVD., #203 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32821 Change ☐ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRE CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.