

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90267 020 ***150.00

DOCUMENT # P95000077703

1. Entity Name
ARTIGRAFIX, INC.

Principal Place of Business
6612 MISSION CLUB BLVD
APT 203
ORLANDO FL 32821
US

Mailing Address
6612 MISSION CLUB BLVD
APT 203
ORLANDO FL 32821
US



2. Principal Place of Business
6612 MISSION CLUB BLVD.

3. Mailing Address
6612 MISSION CLUB.

Suite, Apt. #, etc.
APT # 203

Suite, Apt. #, etc.
APT # 203

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

Zip
32821

Country
USA

Zip
32821

Country
USA

DO NOT WRITE IN THIS SPACE

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/2002

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, 2002 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**
 NAME **SZARWINSKI, KRIS**
 STREET ADDRESS **6612 MISSION CLUB BLVD., #203**
 CITY-ST-ZIP **ORLANDO FL 32821**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)