

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91424 016 ***150.00

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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



Principal Place of Business
6612 MISSION CLUB BLVD

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
32821

Country
ORANGE

Zip
32821

Country
ORANGE

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kris Szarwinski*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **04/30/2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)