

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90003 022 ***150.00

DOCUMENT # P96000104448

1. Entity Name
ARTPOL SERVICE, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 32847 POST OFFICE BOX 32847
PALM BEACH GARDENS FL 33420 PALM BEACH GARDENS FL 33420-2847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4360 NORTHLAKE BLVD P.O. BOX 32847

Suite, Apt. #, etc. Suite, Apt. #, etc.
104

City & State City & State
PALM BEACH GARDENS, FL PALM BEACH GARDENS, FL

Zip Country Zip Country
33410 USA 33420 USA

4. FEI Number Applied For
65-0668314 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

LUCZKOWIEC, ARTHUR
4360 NORTHLAKE BLVD.
SUITE 104
PALM BEACH GARDENS FL 33410

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 **ARTHUR LUCZKOWIEC** **03/14/2000**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCZKOWIEC, ARTHUR 17426 JAMAICA LANE SUGARLOAF FL 33042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			P LUCZKOWIEC, ARTHUR 127 ORCHID CAY DR. PALM BEACH GARDENS, FL 33418
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			S PYRKOWSKA, ELZBIETA 500 N. CONGRESS AVE. APT. 52 WEST PALM BEACH, FL 33401
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			T GADOMSKI, EDYTA 8774 S.E. WATER OAK PLACE TEQUESTA, FL 33469
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> 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: **ARTHUR LUCZKOWIEC** **03/14/2000** **(561)624-1899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)