2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000104448

Entity Name: ARTPOL SERVICE, INC.

City-St-Zip:

TEQUESTA, FL 33469

FILED Jan 22, 2002 8:00 AM Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:				
4360 NORTHLAKE BLVD 104 PALM BEACH GARDENS, FL 33410				626 S.W. MCHOLE AVE PORT SAINT LUCIE, FL 34953				
PALIVI BEA	CH GARDEN	5, FL 33410						
Current Mailing Address:				New Mailing Address:				
4360 NORTHLAKE BLVD				626 S.W. MCHOLE AVE				
104 PALM BEA	CH GARDEN	S. FL 33410		PORT SAINT LUCIE, FL 34953				
	65-0668314	FEI Number Applied For () FEI Nur	nber Not Appl	icable ()	Certificate of	Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
626 SW M	VIEC, ARTHUF CHOLE AVE. NT LUCIE, FL							
The above in the State	named entity : e of Florida.	submits this statement for	the purpose o	of changing i	ts registered o	office or regist	ered agent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent				Date				
		o satisfy its Intangible Tax filin g Trust Fund Contribution().		and elects to o	lo so (X).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	LUCZKOWIEC 127 ORCHID C			Title: Name: Address: City-St-Zip:	() Change()Add	dition	
Title: Name: Address: City-St-Zip:	PYRIOWSKA, Î 1625 N. CONG	Delete ELZBIETA RESS AVE APT#339 EACH, FL 33401		Title: Name: Address: City-St-Zip:	PYRKOWSKA 626 S.W. MCH			
Title: Name: Address:	T () GADOMSKI, EI 8774 SE WATE			Title: Name: Address:	() Change ()Add	dition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ARTHUR LUCZKOWIEC P 01/22/2002