## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

Principal Place of Business

1016 SAVAGE COURT

P98000000208

Mailing Address 1016 SAVAGE COURT

1. Entity Name

AB ART WHOLESALERS, INC.



Apr 17, 2003 8:00 am Secretary of State
04-17-2003 90217 001 \*\*\*150.00

**FILED** 

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LONGWOOD FL	32/50		LONG	3WOOD FL 32750									
2. Principal Place of Business 3. Mailing Address 01d 360 01d Sanford-Oviedo Road 0viedo F						anfor						BOLDE HOLF HODE	
Suite, Apt. #, etc. Suite, Apt. #, etc.									CHECK HERE IF MAKING CHANGES				
City & State Winter Springs, FL Winter S					prings FL			<b>4.</b> F	59-3488282			oplied For ot Applicable	
Zip 32708	······································				Coun	ntry			Certificate of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent						ت نيد- د	7. Name and Address of New Registered Agent'						
YLIPELKONEN, MARJA-LEENA						Name							
						Street A	ddress (P.	O. Bo	ox Number is Not Acceptable) anford-Oviedo	Dood			
1016 SAVAGE COURT LONGWOOD FL 32750							OIG	<u> </u>	anrord-oviedo	NUAU	-		
						City Win	ter	Spi	rings	FL	Zip Cod 3270	08	
8. The above no the obligation			the purp	ose of changing its	registere	ed office or	registere	d age	ent, or both, in the State of Floric	ia. I am fa	miliar with,	and accept	
SIGNATURE	gnature, typed i	or printed name of registered agent and	d title if app	olicable. (NOTE	: Registere	d Agent signatu	ire required w	vhen rei	sinstating)	DATE	•		
After N	May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of \$	State			· · · · · · · · · · · · · · · · · · ·			Election Campaign Finar     Trust Fund Contribution.	ncing		O May Be to Fees	
10.		OFFICERS AND D		l DRS	11.	•		ADI	L DITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 11	
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						-ST-ZIP			er Springs FL	32708	}		
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STREET ADDRESS 1	1016 SAV	NEN, MARJA L AGE COURT DD FL 32750		•	STRE	ET ADDRESS -ST-ZIP	Wi	nte	Old Sanford-Ov er Springs FL				
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NAME STREET ADDRESS CITY-ST-ZIP			•			ET ADDRESS - ST-ZIP	215	Vi	t L Brohan inewood Drive rd FL 32773				
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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 like empowered. SIGNATURE: MariasyliaelkonenEQUIRED 2003407-327-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11,