

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am  
Secretary of State**

02-28-2001 90012 021 \*\*\*150.00

**DOCUMENT # P98000003477****1. Entity Name  
ART WORKS GRAPHICS AND DESIGN, INC.**

Principal Place of Business

Mailing Address

2101 STARKEY ROAD  
Q  
LARGO FL 337712101 STARKEY ROAD  
Q  
LARGO FL 33771**2. Principal Place of Business**

13088 60th St N.

**3. Mailing Address**

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

←

City &amp; State

CLEARWATER, FL

City &amp; State

FL

**4. FEI Number 59-3491584**

Applied For

Not Applicable

Zip  
33760Country  
U.S.A

Zip

Country

**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**ST. PIERRE, MIKE JR.  
2101 STARKEY ROAD  
SUITE Q  
LARGO FL 33771Name **MIKE ST. PIERRE JR**

Street Address (P.O. Box Number is Not Acceptable)

13088 60th St.

City **CLEARWATER**

FL

Zip Code  
**33760****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 **MICHAEL R. ST. PIERRE JR**

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

(NOTE: Registered Agent signature required when reinstating)

1-26-01

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, 2001 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 **P** ☐ Delete  
NAME **ST. PIERRE, MIKE JR.**  
STREET ADDRESS **2101 STARKEY RD., UNIT Q**  
CITY-ST-ZIP **LARGO FL 33771**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **DEVLIN, WILLIAM**  
STREET ADDRESS **2101 STARKEY ROAD, SUITE Q**  
CITY-ST-ZIP **LARGO FL 33771**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP**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: **MICHAEL ST. PIERRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01

Date

727-524-8876

Daytime Phone #

CR2E034 (10/00)