

# 2000 UNIFORM BUSINESS REPORT (UBR)

3

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90186 023 \*\*\*50.00  
 04-11-2000 90286 050 \*\*\*100.00

**DOCUMENT # P98000067859**

1. Entity Name

**ARTIFACTS HOLDING COMPANY**

Principal Place of Business

C/O FANTASY OF FLIGHT  
 1400 BROADWAY BLVD. SOUTH EAST  
 POLK CITY FL 33868

Mailing Address

C/O FANTASY OF FLIGHT  
 1400 BROADWAY BLVD. SOUTH EAST  
 POLK CITY FL 33868-9109

2. Principal Place of Business

1400 Broadway Blvd SE  
 Suite, Apt. #, etc.

3. Mailing Address

1400 Broadway Blvd SE  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Polk City, FL

City & State

Polk City, FL

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

Zip

33868

Country

USA

Zip

33868

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WEEKS, KERMIT A</b>	
STREET ADDRESS	<b>1400 BROADWAY BLVD SE</b>	
CITY-ST-ZIP	<b>POLK CITY FL 33868</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**COPY**

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 any attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/21/00 863-984-0069**

Date

Daytime Phone #

CR2E034 (9/99)