

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90267 001 \*\*\*150.00

**DOCUMENT # P99000007072**

1. Entity Name  
**ARTSMART OF PINELLAS, INC.**



Principal Place of Business  
**7200 U.S. 19 N  
UNIT 708  
PINELLAS PARK FL 33781**

Mailing Address  
**6075 PARK BLVD  
PINELLAS PARK FL 33781**



2. Principal Place of Business  
**7200 U.S. 19 N.  
Suite, Apt. #, etc.  
Suite 454**

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State  
**Pinellas Park, FL**

City & State

4. FEI Number **59-3558608**

Applied For  
Not Applicable

Zip **33781** Country **USA**

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**

**SCHRIEFER, GEORGE J  
6075 PARK BLVD  
PINELLAS PARK FL 33781**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PST** ☐ Delete  
NAME **BRUNELLE, MICHELLE**  
STREET ADDRESS **7200 US 19 N., UNIT 708**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **PST** ☒ Change ☐ Addition  
NAME **Brunelle, Michelle**  
STREET ADDRESS **7200 US 19 N., #454**  
CITY-ST-ZIP **Pinellas Park, FL 33781**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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NAME  
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CITY-ST-ZIP

12. 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:**

**Michelle Brunelle, President**

**Michelle C. Brunelle**

**(727) 522-5289**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)