

2000 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

DOCUMENT # P99000049247

1. Entity Name

ARTREACH INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~XXXXXX COURT NORTH~~
~~LAKE CLARKE SHORES FL 33406~~

~~XXXX BETA COURT NORTH~~
~~LAKE CLARKE SHORES FL 33406~~

2. Principal Place of Business

0442 Toner Creek Rd.

3. Mailing Address

0442 Toner Creek Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Basalt, CO 81621

City & State

Basalt, CO 81621

Zip

81621

Country

Zip

81621

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

SETFORD, DAVID
1419 BETA COURT NORTH
LAKE CLARKE SHORES FL 33406

Name
Philip G. Weikert

Street Address (P.O. Box Number is Not Acceptable)
4300-C Hazel Ave.

City
Palm Beach Gardens, FL **FL** Zip Code
33410

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 *Philip G. Weikert*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/2001

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SETFORD, DAVID 1419 BETA COURT NORTH LAKE CLARKE SHORES FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SETFORD, DAVID 0442 Toner Creek Rd. Basalt, CO 81621	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003656620--6 -02/08/01--01002--020 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003656620--6 -02/08/01--01002--021 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (5/00)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00

Date

Daytime Phone #

COHEN. NORRIS. SCHERER WEINBERGER & WOLMER

ATTORNEYS AT LAW

FRED C. COHEN, P.A.
GREGORY R. COHEN
BERNARD A. CONKO
IAN J. GOLDSTEIN
DAVID B. NORRIS, P.A.
PETER R. RAY
ERIC M. SAUERBERG
KENNETH J. SCHERER, P.A.
KYLE A. SILVERMAN
JAMES S. TELEPMAN***
ROBERT M. WEINBERGER, P.A.
BRENT G. WOLMER, P.A.

OF COUNSEL

RICHARD S. RACHLIN, P.A.

RICHARD S. RACHLIN

CHRISTOPHER W. KAMMERER

Board Certified Civil Trial Attorney

October 24, 2000

Of Counsel
*Board Certified Real Estate
***Board Certified Business Litigation

Division of Corporations
Uniform business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

re: ARTREACH INTERNATIONAL, INC.
2000 UNIFORM BUSINESS REPORT

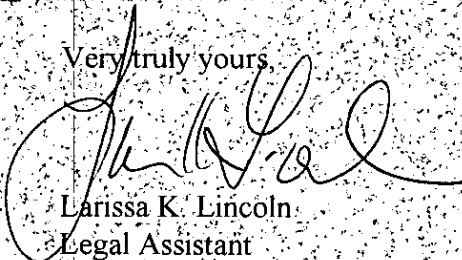
Dear Sir/Madam:

Enclosed please find the above referenced business report together with a check for
\$150.00

Please note that our client is English and has been in England for a number of months on
business and never received the original Uniform Business Report and therefore was not aware
that this report was even due.

Your consideration would be greatly appreciated as this business has just been established
by him last year and our client is new to this. Thank you

Very truly yours,



Larissa K. Lincoln
Legal Assistant

artreachUBR.ltr
enclosure

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

712 U.S. HIGHWAY ONE • SUITE 400 • P.O. BOX 13146 • NORTH PALM BEACH, FLORIDA 33408-7146
TELEPHONE: (561) 844-3600 • FACSIMILE: (561) 842-4104