

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90240 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 999000049247			
1. Entity Name ARTREACH INTERNATIONAL, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Office & Address P.O. BOX 5078		3. Mailing Address P.O. BOX 5078	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Santa Fe, NM		City & State Santa Fe, NM	
Zip 87502	Country US	Zip 87502	Country US
4. FFI NUMBER 65-0927382		Assigned For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name PHILIP G. WEIKERT			
Street Address (P.O. Box Number is Not Acceptable) 5790 Golden Eagle Circle			
City Palm Beach Gardens, FL Zip Code 33410			
8. This entity has duly submitted this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ Signature of Officer or Director (If Agent, Signature of Agent Required)			
9. This corporation is eligible to qualify its intangible filing requirements and elect to do so (See Uniform Codebook) ☒		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$81.25 Make Check Payable to Department of State	
10. Violation Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
11a NAME STREET ADDRESS CITY, ST, ZIP	PSD SETFORD, DAVID P.O. BOX 5078 SANTA FE, NM 87502	11b TITLE STREET ADDRESS CITY, ST, ZIP	
11c NAME STREET ADDRESS CITY, ST, ZIP		11d TITLE STREET ADDRESS CITY, ST, ZIP	
11e NAME STREET ADDRESS CITY, ST, ZIP		11f TITLE STREET ADDRESS CITY, ST, ZIP	
11g NAME STREET ADDRESS CITY, ST, ZIP		11h TITLE STREET ADDRESS CITY, ST, ZIP	
11i NAME STREET ADDRESS CITY, ST, ZIP		11j TITLE STREET ADDRESS CITY, ST, ZIP	
DO NOT WRITE IN THIS SPACE			
12. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath, and I am an officer or director of the corporation or the officer or director designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 11 of this report.			
SIGNATURE: _____		DAVID SETFORD	
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/30/02	

CR20048 (12/01)