

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90129 043 ***150.00

DOCUMENT # P99000059291

1. Entity Name
ARTISTIQUE, INC.

Principal Place of Business

103 U.S. HIGHWAY 1
SUITE D-3
JUPITER FL 33477

Mailing Address

2401 PGA BLVD., #272
PALM BEACH GARDENS FL 33410

00042100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3147 Jupiter Park Circle
Suite, Apt. #, etc.
2

3. Mailing Address

3147 Jupiter Park Circle
Suite, Apt. #, etc.
2

City & State
Jupiter, FL

Zip
33458

Country
USA

City & State
Jupiter, FL

Zip
33458

Country
USA

4. FEI Number APPLIED FOR
65-1235939

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOLLMAN, LOUIS A
2401 PGA BLVD., SUITE 272
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Louis A. Stollman
Street Address (P.O. Box Number is Not Acceptable)
3147 Jupiter Park Circle
Suite 2
City Jupiter FL Zip Code 33458

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 Louis A. Stollman Louis A. Stollman, Secretary 4/26/01
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, 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

TITLE PD
NAME HUFFMAN, DAVID P
STREET ADDRESS 5992 CEDAR CREEK RUN., #1000
CITY-ST-ZIP LITTLE RIVER SC 29566 ☐ Delete

TITLE STD
NAME STOLLMAN, LOUIS A
STREET ADDRESS 2401 PGA BLVD., #272
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: Louis A. Stollman Louis A. Stollman 4/26/01 (561) 371-9028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)