Entry Name ArterNLS/TECH, INC. ArterNLS/TECH, INC		MENT # 5007	756		(A)		OL JAN -8 PH	12:00	
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Photopal Place of Business A. Mailing Address Suite. Abit #, etc. Suite. Abit #, etc. Diry & Saite City & State City & State City & State Zito Country Zito Country State Name HAIN, RICHARD L SR Street Address (PO, Box Number is Not Acceptable) Physics Annota entry submits this statement for the purpose of chaining is registered agent, or both, in the State of Florida. Tem familiar with, and eccept the ecliptations of point and it registered agent or both. In the State of Florida. Tem familiar with, and eccept the ecliptations of point and the registered agent or both. In the State of Florida. Tem familiar with, and eccept the ecliptations of point and the registered agent or both. In the State of Florida. Tem familiar with, and eccept the ecliptations of point agent address of the registered agent or both. In the State of Florida. Tem familiar with, and eccept the ecliptations of point agent address of the registered agent. Tem familiar with, and eccept the ecliptations of point agent address of the registered agent. Tem familiar with, and eccept the ecliptaddress of the registered agent. Tem familiar	239 S PADDO	ick st	4239 S P/ INVERNES	ADDOCK ST					
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Even and Address of Current Registered Agent	City & State	3	City & S	itate		4.	FEI Number 59-3035745	No	t Applicable
Name Name HAIN, RICHARD L SR Street Address (P.O. Box Number is Not Acceptable) A238 S PADDOCK ST City INVERNESS FL 34450 City City FL Zip Code A. Treatours and entity submits this statement for the purpose of changing its registered office or rogistered agent, or both, in the State of Florida. Tam familier with, and eccept the obligations of registered agent. INTER Stream	Zip				Country	استزام منتصح	and the second	Fee Require	
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CITY-ST-ZIP 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 other and accurate and the receiver of the address with all other like empowered.	F Atter Sej Make Checi IO. ITLE IAME ITREET ADDRESS CITY - ST - ZIP ITTLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	Signature, trad or printed name of registared ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be A Payable to Florida Departme OFFICERS D HAIN, RICHARD 0. 5833-126TH AVE. NO.	\$750.00 ent of State	xe. (NO	TE: Replatered Agent aig 11. TITLE NAME STREET ADORE: CITY - ST-ZIP TITLE NAME STREET ADORE CITY - ST-ZIP	Instrue required wher	reinstang) 9, Election Campaign Fil Trust Fund Contributio	nancing \$5.0 nn. Addec FICERS AND DIRECTOR Change Change	d to Fees S IN 11 Addition Addition Addition Addition Addition