

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91122 041 ***150.00

DOCUMENT # V00672**1. Entity Name**
ARTISANS UNLIMITED INC.**Principal Place of Business**
2919 HARDY AVENUE
NEW SMYRNA BEACH FL 32168**Mailing Address**
2919 HARDY AVENUE
NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3097620**Applied For
Not Applicable

Zip

Country

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****FERRARA, CHERYL D.**
2919 HARDY AVENUE
NEW SMYRNA BEACH FL 32168

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.**SIGNATURE**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PVST	<input type="checkbox"/> Delete
NAME	FERRARA, CHERYL	
STREET ADDRESS	2919 HARDY AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
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CITY-ST-ZIP		

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:** *Cheryl Ferrara* **CHERYL FERRARA**

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/29/02 386-427-3482
Date Daytime Phone #

CR2E034 (9/01)