

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90340 013 ***158.75

DOCUMENT # P00000042562

1. Entity Name
ARTISTIC POOLS & RENOVATIONS, INC.

Principal Place of Business
1999 SUMMER CLUB DRIVE #207
OVIEDO FL 32765

Mailing Address
1999 SUMMER CLUB DRIVE #207
OVIEDO FL 32765

747239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
906 W. FAIRBANKS AVE
 Suite, Apt. #, etc.

3. Mailing Address
906 W. FAIRBANKS AVE
 Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number
59-3693841

Applied For
 Not Applicable

Zip Country
32789 United States

Zip Country
32789 United States

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

HUESKEN, THOMAS P JR.
1999 SUMMER CLUB DRIVE #207
OVIEDO FL 32765

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 (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUESKEN, THOMAS P JR. 1999 SUMMER CLUB DRIVE #207 OVIEDO FL 32765	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/00)