

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067071

1. Entity Name

ARTISANS STUDIO, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90097 043 ***150.00

Principal Place of Business

Mailing Address

502 PALM ST
SUITE 8
WEST PALM BEACH FL 33401

502 PALM ST
SUITE 8
WEST PALM BEACH FL 33408-4505

2. Principal Place of Business

3. Mailing Address

707 LAKESIDE DRIVE

707 LAKESIDE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Palm Beach, FL

City & State

N. Palm Beach, FL

4. FEI Number

65-0686641

Applied For

Not Applicable

Zip

33408

Country

Palm Beach

Zip

33408

Country

Palm Beach

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

WHITEMORE, CLINTON L
502 PALM ST
SUITE 8
WEST PALM BEACH FL 33401

Name SAME

Street Address (P.O. Box Number is Not Acceptable)

707 LAKESIDE DRIVE

City N. Palm Beach

FL

Zip Code 33408

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

Clinton L. Whittemore

Clinton L. Whittemore

3/15/00

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, 2000 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 P
NAME WHITEMORE, ELIZA F
STREET ADDRESS 502 PALM STREET SUITE 8
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE S
NAME WHITEMORE, CLINTON L
STREET ADDRESS 502 PALM STREET, SUITE 8
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

707 LAKESIDE DRIVE
N. Palm Beach FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

707 LAKESIDE DRIVE
N. Palm Beach, FL 33408

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 (561) 882-9254
Date Daytime Phone #

CR2E034 (9/99)