

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90131 008 ***150.00

DOCUMENT # P97000101567

1. Entity Name
ASSOCIATED ARTISANS INCORPORATED

| | |
|---|---|
| Principal Place of Business 14623 CITY ROAD 2054 ALACHUA FL 32615 | Mailing Address 14623 CITY ROAD 2054 ALACHUA FL 32615 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 10 N.W. 7TH ST Suite, Apt. #, etc. BUILDING A | 3. Mailing Address 10 N.W. 7TH ST. Suite, Apt. #, etc. BUILDING A |
| City & State HIGH SPRINGS, FL | City & State HIGH SPRINGS FL |
| Zip 32655 | Country ALACHUA |

| | |
|--|--|
| 4. FEI Number 59-3480377 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
LACOMBE, ROBERT P
 14623 CITY ROAD 2054
 ALACHUA FL 32615

7. Name and Address of New Registered Agent
 Name **ROBERT P. LACOMBE**
 Street Address (P.O. Box Number is Not Acceptable)
14623 C. R. 2054
 City **ALACHUA** FL Zip Code **32615**

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 DATE **4/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete LACOMBE, ROBERT P 14623 CITY ROAD 2054 ALACHUA FL 32615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete LACOMBE, VIVIEN E 14623 CITY ROAD 2054 ALACHUA FL 32615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT P. LACOMBE 10 N.W. 7TH ST HIGH SPRINGS FLA 32655 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRES. VIVIEN E. LACOMBE 10 N.W. 7TH ST HIGH SPRINGS FL 32655 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **4/26/01** DAYTIME PHONE # **552-339-1342**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)