

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000019172

FILED  
Jan 02, 2003  
Secretary of State

Entity Name: ARTISAN SHUTTERS L.L.C.

## Current Principal Place of Business:

199 W. MARVIN AVE  
LONGWOOD, FL 32750

## New Principal Place of Business:

## Current Mailing Address:

199 W. MARVIN AVE  
LONGWOOD, FL 32750

## New Mailing Address:

FEI Number: 59-3750577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUBBARD, KENNETT  
2208 COLTON DR.  
ORLANDO, FL 32822 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: KENNETH, HUBBARD  
Address: 2208 COLTON DR  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM ( ) Delete  
Name: HUBBARD, ABRAM  
Address: 304 S. CHAPMON AVE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: HUBBARD, JACOB  
Address: 9828 DEAN WOODS PL  
City-St-Zip: ORLANDO, FL 32825

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: HUBBARD, ABRAM  
Address: 500 RAINBOW DR  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ABRAM HUBBARD

MGRM

01/02/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date