

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90155 006 \*\*\*150.00

DOCUMENT # P00000017052

1. Entity Name  
ARTISAN RESTORATIONS, INC.



Principal Place of Business  
~~785 27 AVE. N.~~  
~~ST. PETERSBURG FL 33704~~

Mailing Address  
~~785 27 AVE. N.~~  
~~ST. PETERSBURG FL 33704~~

2. Principal Place of Business PINELLAS PARK FL 33781  
3700 70TH AVE N. FL 33781

Suite, Apt. #, etc.  
SUITE - B

City & State  
PINELLAS PARK FL

Zip 33781 Country USA

3. Mailing Address FL 33781  
3700 70TH AVE N. PINELLAS PARK, FL 33781

Suite, Apt. #, etc.  
SUITE B

City & State  
PINELLAS PARK FL

Zip 33781 Country USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3626613 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BERENDSEN, ANTON  
~~785 27 AVE. N.~~  
ST. PETERSBURG FL 33704

## 7. Name and Address of New Registered Agent

Name ANTON BERENDSEN  
Street Address (P.O. Box Number is Not Acceptable)  
3700 70TH AVE N.  
City PINELLAS PARK FL Zip Code 33781

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERENDSEN, ANTON 2720 WILLEY STREET NORTH SAINT PETERSBURG FL 33704	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERENDSEN, ANTON 3700 70TH AVE. N. PINELLAS PARK, FL. 33781	<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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anton Berendsen April 14, 2003 727-867-6626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)