2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 20, 2001 8:00 am

DOCUMENT # P0000037033 1. Entity Name ARTISTIC IRON PLUS, INC.			TÃ.	Secrétary of State 07-20-2001 90006 005 ***150.00			
Principal Place of Business 3253 KIRK ROAD SUITE 1 LAKE WORTH FL 33461	IRK ROAD 3253 KIRK ROAD 1 SUITE 1		- (y				
2. Principal Place of Business 3263 Kurk, Rd. #/ Suite, Apt. #, etc.	3. Mailing Address 3263 Kurk Rd Suite, Apt. #, etc. #			DO NOT WRITE IN THIS SPACE			
Laneworth H	City & State Faheworth		_ [FEI Number 65 - 1000 506	!	Applied For Not Applicable	
33 461 Country PALM BEACH.	33461	Country PALMBER		Certificate of Status Desire	Fee R	5 Additional equired	
LECOMPTE, MICHAEL W 3263 KIRK ROAD SUITE 1 LAKE WORTH FL 33461	· i	Name Street A		Box Number is Not Accepta	able)	p 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 Signature types 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 filling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS FILE NOW!!! F After September 12, 20 Make Check Payable to			e \$750.00 t of State	10. Election Campaign Trust Fund Contribu	ution.	\$5.00 May Bé Added to Fees	
TITLE PSD Delete NAME LECOMPTE, MICHAEL W STREET ADDRESS 2268 KIRK ROAD SUITE 1 CITY-ST-ZIP LAKE WORTH FL 33461		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LECOM 3263	PTE, MICHAEL KIKKRD SU VORTU FL	WILLIAM CO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ⁼	-		□ CI	hange 🗌 Addition	
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13. I hereby certify that the information supplied with this filling 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

CELL

A Hackment #170000037033 July 11, ser. B00100846 attention: Reinstatement Section To whom it may concern, In writing this letter in hope you will please waive the hillip Crenshaw incorporate me. did all my corporate papers nd gathered any information felt were important to me, paid him well to do so. be then turned me over to his brother, Kenneth Crenshaw, also an attorney and a CPA. Kekneth was to help me with taxes, financial advice, ect. asked Kenneth, on at least y corporate dues were toppaid we'll pay them when your pay your

Attachment # PODDOOD 37033 BUUL00346 Kerneth did my taxes in early april and I paid him for his work. Tooking at his reciept I saw it had no payment for the refund he as went to Trenneth, Kenn

AHachment # 16000037033 Phillip said even though he formed the corporation and filed my primary address incorrect he was'nt responsible clause it was in Kenneth's hands walked back and forth between, confronting each of them, until I come to the realization that seither of them was going to accept any responsibility and by here left holding "the lag" Considering these circumstances I hope you will please warve the late fee Enclosed is a check for \$ 150.00 if this will not surfice please notify me as soon as possible as I do not wish my corp, disolved. Home 561-642-1498 561-389-5409