

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90051 024 ***150.00

DOCUMENT # P01000044328

1. Entity Name

ARTISTIC BATHROOMS, INC.

Principal Place of Business

**124 POE DR.
WINTER HAVEN FL 33884**

Mailing Address

**124 POE DR.
WINTER HAVEN FL 33884**

2. Principal Place of Business

1235 Lake Point Drive
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10612
Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Winter Haven, FL

4. FEI Number

59-3716455

Applied For

Not Applicable

Zip Country
33813 USA

Zip Country
33885-0612 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WELLING, JASON S
124 POE DR.
WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

Name
Jason S. Welling

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

1235 Lake Point Drive

City
Lakeland

FL

Zip Code
33813

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 *Jason S. Welling*
Signature, typed or printed name of registered agent and title if applicable.

Jason S. Welling, Pres./ Director

8-21-02

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D WELLING, JASON S 124 POE DR. WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLING, LEO D 2015 MARILYN AVE. WINTER HAVEN FL 33881	<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	Jason S. Welling 1235 Lake Point Drive Lakeland, FL 33813	<input checked="" 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
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:

Jason S. Welling
Jason S. Welling, Pres./Director 8-21-02

863/602-7211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

**ARTISTIC
BATHROOMS
INC.**

Attachment
R# P01 00004/326
97071



P.O. Box 10612 • Winter Haven, Florida 33885
Office: (863) 297-9661 • Fax: (863) 294-9098 • Toll Free 1-800-922-9661

August 20, 2002

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

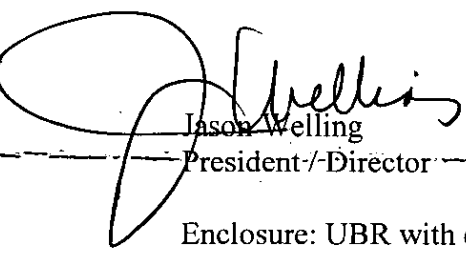
To Whom It May Concern:

This is in response to the 2002 Uniform Business Report we recently received in the mail.

We have no record of EVER receiving the first notice to file this form. Because of this, we are sending in the completed form and the \$150.00 fee.

Thank you for your time and consideration.

Sincerely,


Jason Welling
President/-Director

Enclosure: UBR with check

JW/j