

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90058 033 \*\*\*150.00

**DOCUMENT # P01000054511**

1. Entity Name

**PETRUS ARTISTIC DESIGNS, INC.**

Principal Place of Business

**16003 MUIRFIELD DRIVE  
 ODESSA FL 33556**

Mailing Address

**16003 MUIRFIELD DRIVE  
 ODESSA FL 33556**

2. Principal Place of Business

**22932 SR 54**  
 Suite, Apt. #, etc.

3. Mailing Address

**16003 MUIRFIELD DR**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**LUTZ FL**

City & State

**ODESSA FL**

4. FEI Number

**593724219**

Applied For

☐ Not Applicable

Zip

**33549**

Country

**USA**

Zip

**33556**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **WALID PETRUS**

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

**16003 MUIRFIELD DR**

City **ODESSA**

**FL**

Zip Code **33556**

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 **WALID PETRUS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-07-02**

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 \$150.00  
 After May 1, 2002 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	PSD	<input type="checkbox"/> Delete
NAME	PETRUS, WALID	
STREET ADDRESS	16003 MUIRFIELD DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PETRUS, RAED	
STREET ADDRESS	16003 MUIRFIELD DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-07-02**

Date

**8137279476**

Daytime Phone #

CR2E034 (9/01)