2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000102411

Entity Name: ARTISTIC INTERIORS OF SOUTHWEST FLORIDA, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

81 MANGO DR 7834 BUCCANEER DR

FT MYERS BEACH, FL FT MYERS BEACH, FL 33931

Current Mailing Address: New Mailing Address:

81 MANGO DR PO BOX 1346

FT MYERS BEACH, FL BONITA SPRINGS, FL 34133

FEI Number: 90-0002777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELSEA, SHEILA
81 MANGO DR
FT MYERS BEACH, FL
ELSEA, SHEILA
7834 BUCCANEER DR
FT MYERS BEACH, FL
33931

FIMYERS BEACH, FL 3393

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: SHEILA ELSEA 05/01/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

 Name:
 ELSEA, SHEILA E
 Name:
 ELSEA, SHEILA E

 Address:
 81 MANGO DR
 Address:
 7834 BUCCANEER DR

 City-St-Zip:
 FT MYERS BEACH, FL
 City-St-Zip:
 FT MYERS BEACH, FL 33931

Title: VTD () Delete Title: () Change () Addition

 Name:
 YOUMANS, KIMBERLEY G
 Name:

 Address:
 8421-A NORTH HAVEN LANE
 Address:

 City-St-Zip:
 FT MYERS, FL 33919
 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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA ELSEA PSD 05/01/2002