

# 2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2  
0080827

DOCUMENT # P93000055969

FILED

1. Entity Name  
ARTISAN'S FURNITURE, INC.

00 JUL 18 PM 1:12

Principal Place of Business  
240 POWER CT  
140  
SANFORD FL 38771  
US

Mailing Address  
240 POWER CT  
140  
SANFORD FL 32771-9400

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*1255 Belle Ave*  
Suite, Apt. #, etc. *175*  
City & State *Winter Sp. FL*  
Zip *32708* Country *USA*

3. Mailing Address  
*1255 Belle Ave*  
Suite, Apt. #, etc. *175*  
City & State *Winter Sp. FL*  
Zip *32708* Country *USA*

4. FEI Number **59-3199400** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent  
SMITH, JANETTE C  
1683 BEARDALL AVE  
SUITE 105  
SANFORD FL 32771

7. Name and Address of New Registered Agent  
Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip 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 *Janette Smith* (NOTE: Registered Agent signature required when reinstating) DATE *7/12/00*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SMITH, JANETTE C 366 MELODY LANE CASSELBERRY FL 32707	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"/> Delete	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"/> Delete	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"/> Delete	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 I am empowered.

SIGNATURE: *Janette Smith* 7/17/00 4073881373  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

# Artisan's Furniture

2 of 2

**To: Florida Department of State  
Division of Corporations**

**To whom it may concern;**

**I originally sent in the 2000 UBR form with a check in the amount of \$150.00 on March 24, 2000. The check number is #7125 It must have gotten lost in the mail. So I am sending another form to replace it.**

**Thank you.**

**Janette Smith**