

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90137 002 ***150.00

0459182
AV

DOCUMENT # P94000073741

1. Entity Name

ARTISTIC ARMOR, INC.

ARTISTIC ARMOR Inc.



Principal Place of Business

**11158 N 30TH ST
TAMPA FL 33612**

Mailing Address

**11158 N 30TH ST
TAMPA FL 33612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3283344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, SMITTY

**3802 EHRLICH ROAD STE 210
TAMPA FL 33624**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JAMES L 4139 ROLLING SPRINGS DR TAMPA FL 33624	<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	D HARRIS, VICKI 4139 ROLLING SPRINGS DR TAMPA FL 33624	<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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED

4-25-03 (813) 969-0044

CR2E034 (10/02)

Attachment *DO#* 80122649
P94000073741

5/15/03

CORPORATE DETAIL RECORD SCREEN

3:47 PM

NUM: P94000073741 ST:FL ACTIVE/FL PROFIT

FLD: 10/07/1994

FEI#: 59-3288344

NAME : ARTISTIC ARMOR, INC.

PRINCIPAL: 11158 N 30TH ST

ADDRESS TAMPA, FL 33612

RA NAME : SMITH, SMITTY

NAME CHG: 04/22/00

RA ADDR : 3802 EHRLICH ROAD STE 210

ADDR CHG: 04/22/00

TAMPA, FL 33624 US

ANN REP : (2000) AY 04/22/00

(2001) AY 05/24/01

(2002) AY 05/21/02

5/15/03

OFFICER/DIRECTOR DETAIL SCREEN

3:47 PM

CORP NUMBER: P94000073741 CORP NAME: ARTISTIC ARMOR, INC.

TITLE: D

NAME: HARRIS, JAMES L

4139 ROLLING SPRINGS DR

TAMPA, FL 33624

TITLE: D

NAME: HARRIS, VICKI

4139 ROLLING SPRINGS DR

TAMPA, FL 33624

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. TOP

ENTER SELECTION AND CR: