

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90436 040 \*\*\*150.00

DOCUMENT # P95000014156

1. Entity Name

ARTISTIC ENDEAVORS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7619 Washington Street

Suite, Apt. #, etc.

3. Mailing Address

7619 Washington Street

Suite, Apt. #, etc.

City & State

Port Richey, FL

City & State

Port Richey, FL

Zip

34668

Country

US

Zip

34668

Country

US

4. FEI Number

59-3311023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Dianne F. Finotti

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

7619 Washington Street

City

Port Richey

FL

Zip Code

34668

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

*Dianne F. Finotti Pres.*

Dianne F. Finotti Pres.

2/5/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PDST  
NAME FINOTTI, DIANNE F.  
STREET ADDRESS 7619 Washington St.  
CITY-STATE-ZIP Port Richey, FL 34668

TITLE VPD  
NAME FINOTTI, ROBERT L.  
STREET ADDRESS 7619 Washington St.  
CITY-STATE-ZIP Port Richey, FL 34668

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Dianne F. Finotti Pres.* Dianne F. Finotti Pres.

2/5/03

727-842-5950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)