

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026568

1. Entity Name

ARTISTIC HOME BUILDERS, INC.

Principal Place of Business

2520 N. TRUCKS AVE.
HERNANDO FL 34442

Mailing Address

2520 N. TRUCKS AVE.
HERNANDO FL 34442-4941

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MENARD, ROBERT F
2520 N. TRUCKS AVE.
HERNANDO FL 34442

7. Name and Address of New Registered Agent

Name GLEN C. SCHULTZ
Street Address (P.O. Box Number is Not Acceptable) 2520 N. TRUCKS AVE
City HERNANDO FL Zip Code 34442

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	MENARD, ROBERT F	
STREET ADDRESS	2520 N. TRUCKS AVE.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHULTZ, GLEN	
STREET ADDRESS	2520 N. TRUCKS AVE.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHULTZ, LAWERENCE	
STREET ADDRESS	2520 N. TRUCKS AVE.	
CITY-ST-ZIP	HERNANDO FL 34442	
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	PRESIDENT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEN C. SCHULTZ	
STREET ADDRESS	2520 N. TRUCKS AVE	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	V. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWERENCE SCHULTZ	
STREET ADDRESS	2520 N. TRUCKS AVE	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELISSHA N. SCHULTZ	
STREET ADDRESS	2520 N. TRUCKS AVE	
CITY-ST-ZIP	HERNANDO, FL 34442	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Schultz

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90137 046 ***150.00

900305



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3370755** ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/99)