

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028224

1. Entity Name

ARTISTIC CLOSET DESIGNS, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90040 045 \*\*\*150.00

Principal Place of Business

Mailing Address

4015-F PINES INDUSTRIAL DRIVE  
ROCKLEDGE FL 32955

4015-F PINES INDUSTRIAL DRIVE  
ROCKLEDGE FL 32955-5330

2. Principal Place of Business

3. Mailing Address

1770 Old Glory Road

1770 Old Glory Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

65-0740107

Applied For

Not Applicable

Zip

32940

Country

USA

Zip

32940

Country

USA

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

**DOTTO, JOAN**

4015-F PINES INDUSTRIAL DRIVE  
ROCKLEDGE FL 32955

Name

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

1770 Old Glory Road

City  
Melbourne

**FL**

Zip Code  
32940

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **DOTTO, MARIO**  
STREET ADDRESS **4015 F INDUSTRIAL DRIVE**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1770 Old Glory Road**  
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **VPSD** ☐ Delete  
NAME **DOTTO, JOAN**  
STREET ADDRESS **4015 F INDUSTRIAL DRIVE**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1770 Old Glory Road**  
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C-22F-34 (9/99)