2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000043869

FILED Sep 10, 2002 Secretary of State

Entity Name: ARTISTIC TILE SETTING, INC. & CUSTOM FLOORING

Current Principal Place of Business:				New Principal Place of Business:			
	LAS RD., ST , FL 34677	E A US					
Current Ma	ailing Addre	ss:		New Maili	ng Addres	s:	
	LAS RD., ST , FL 34677	EA US					
FEI Number:	59-3468241	FEI Number Applied	For () FEI No	umber Not Appl	icable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent:			Agent:	Name and Address of New Registered Agent:			
	VYER CHART	CKCU					
343 ALMEF CORAL GA			ent for the purpose	of changing i	ts registere	d office or regist	tered agent, or both,
343 ALMER CORAL GA The above	ABLES, FL 33 named entity of Florida.	3134 US	ent for the purpose	of changing i	ts registere	d office or regist	tered agent, or both,
343 ALMER CORAL GA The above in the State	ABLES, FL 33 named entity of Florida. RE:	3134 US		of changing i	ts registere	d office or regist Date	
343 ALMERCORAL GATHE ABOVE IN the State SIGNATUR This corpora Election Can	named entity of Florida. RE: Electro	submits this statements signature of Regions attisfy its Intangible Towns Trust Fund Contributions	stered Agent	t and elects to c	do so (X).	Date	
343 ALMERCORAL GATHE ABOVE IN the State SIGNATUR This corpora Election Can	named entity of Florida. RE: Electro tion is eligible to the paign Financire AND DIRECT	submits this statement of Signature of Region of Satisfy its Intangible Tog Trust Fund Contribution of States and Contribution of States	stered Agent	t and elects to c	do so (X).	Date	RS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT YOUNG PSTD 09/10/2002