າ 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106491

1. Entity Name

THE ARTISAN CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5 SIERRAGATE PLAZA. SUITE 300 **ROSEVILLE CA 95678**

5 SIERRAGATE PLAZA. SUITE 300 ROSEVILLE CA 95678-6600

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
-		

FILED May 15, 2000 8:00 am Secretary of State

05-15-2000 90157 002 ***150.00



2. Principal Place of Business		3. Mailing Address				DO NOT WRITE IN THIS SPACE						
Suite, Apt. #, etc.		Suite, Apt. #, etc.										
City & State		City & State			4. 1	FEI Number	58-236116	1		oplied For		
Zip Country		Zip Country		trv						lot Applicable		
Zip		Country	Σιρ	Country		5. (8.75 Additional ee Required	
	6. Name	and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent							
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418			Street Address (P.O. Box Number is Not Acceptable)									
•					City FL Zip Code							
8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office or	registered ag	ent, or both, in	n the State of Flo	orida.			
SIGNATURE _	Signature, typed	or printed name of registered agent as	nd title if applicable. (NOTE	E. Registere	d Agent signatu	ire required when re	einstating)		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 After MAY 1, 2000 Fee Make Check Payable to Do			will be \$5	50.00 t of State	Trust F	on Campaign Fir Fund Contributio	n. l	□ Ådde	00 May Be ed to Fees			
11.		OFFICERS AND D	DIRECTORS	12.				ANGES TO OFF	ICERS AN	D DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 SIERRA	SUZANNE AGATE PLAZA, SUITE 30 LE CA 95678	□ Delete 10			Secty Suzani S Sie Rosev	ne Pattor rragale	7 - P12# 95678	300	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COPREN 5 SIERRA		☑ Delete			, , , , , ,				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUTES, D 5 SIERRA		☐ Delete						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	

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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR