

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031031

1. Entity Name

ARTISTIC SIGNS & GRAPHICS INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90049 004 ***150.00

Principal Place of Business

7412 LAKE DRIVE
ORLANDO FL 32809

Mailing Address

2602 ILLINOIS STREET
ORLANDO FL 32803-3659

2. Principal Place of Business

3511 SE. DIXIE HWY
Suite, Apt. #, etc.
UNIT #1

3. Mailing Address

3511 SE. DIXIE HWY
Suite, Apt. #, etc.
UNIT #1



DO NOT WRITE IN THIS SPACE

City & State
STUART FL

City & State
STUART FL

4. FEI Number 59-3503107

Applied For
Not Applicable

Zip Country
34997 USA

Zip Country
34997 USA

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

6. Name and Address of Current Registered Agent

CRUZ, GEORGE
7412 LAKE DRIVE
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name
GEORGE CRUZ
Street Address (P.O. Box Number is Not Acceptable)
3511 SE. DIXIE HWY
UNIT 1
City
STUART FL Zip Code
34997

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 GEORGE CRUZ PRES. George Cruz 4-24-00
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	P	<input type="checkbox"/> Delete
NAME	CRUZ, GEORGE	
STREET ADDRESS	2602 ILLINOIS STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: GEORGE CRUZ PRES. George Cruz 4-24-00 561-286-1967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)