

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91141 025 ***150.00

DOCUMENT # P98000055551

1. Entity Name
ARTISTIC MASONRY, INC.

Principal Place of Business
**25848 PINEHURST STREET
 MT. PLYMOUTH FL 32776**

Mailing Address
**25848 PINEHURST STREET
 MT. PLYMOUTH FL 32776**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3519142**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**FERGUSON, PATRICIA A
 25848 PINEHURST STREET
 MT. PLYMOUTH FL 32776**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **46** **FL** Zip Code

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 _____ (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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P FERGUSON, PATRICIA A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	25848 PINEHURST ST PLYMOUTH FL 32776		
<input type="checkbox"/> Delete	S FERGUSON, WALTER L	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	25848 PINEHURST ST PLYMOUTH FL 32776		
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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: *Patricia A Ferguson* **Patricia A Ferguson** 4/27/01 ³⁵²⁻735-1616
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #

CR2E034 (10/00)