

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007569

1. Entity Name

ART'S WINDOW DECOR, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90069 033 ***150.00

Principal Place of Business 1239 FOREST ST. JACKSONVILLE FL 32204	Mailing Address 1239 FOREST ST. JACKSONVILLE FL 32254-4014
---	--

2. Principal Place of Business 2903-2 BURKE ST Suite, Apt. #, etc.	3. Mailing Address 2903-2 BURKE ST. Suite, Apt. #, etc.
--	---

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	4. FEI Number 59-3558421	Applied For Not Applicable
Zip 32254	Country USA	Zip 32254	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FRAZIER, ARTHUR E SR. 5046 ORTEGA COVE CIR. JACKSONVILLE FL 32244-3202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, ARTHUR E SR. 5046 ORTEGA COVE CIR. JACKSONVILLE FL 32244-3202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SHIRLEY E. FRAZIER 5046 ORTEGA COVE CIR. JACKSONVILLE FL 32244-3202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ARTHUR E. FRAZIER JR. 5046 ORTEGA COVE CIR. JACKSONVILLE FL 32244-3202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RICHARD E. GRIFFIN 3608 ROSEMARY ST JACKSONVILLE FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED 904
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-27-00 Daytime Phone # 1389-9933