

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90142 012 ***150.00

DOCUMENT # P99000009420

1. Entity Name

ARTESIAN, INC.

Principal Place of Business

**7907 PLUM AVENUE
PANAMA CITY FL 32413**

Mailing Address

**7907 PLUM AVENUE
PANAMA CITY FL 32413**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1918 W. 23RD ST.

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

Zip

32405

Country

USA

6. Name and Address of Current Registered Agent

**THOMAS, WELDON B
7907 PLUM CIR
PANAMA CITY FL 32401**

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

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, ELAINE G	
STREET ADDRESS	760 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, WELDON B	
STREET ADDRESS	7907 OLUM CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE	D	<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	DIRECTOR, VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE G. THOMAS	
STREET ADDRESS	7907 PLUM CR	
CITY-ST-ZIP	PANAMA CITY, FL 32413	
TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDON B. THOMAS	
STREET ADDRESS	7907 PLUM CR	
CITY-ST-ZIP	PANAMA CITY, FL 32413	
TITLE	DIRECTOR, EXECUTIVE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID W. LOVETT	
STREET ADDRESS	1918 W. 23RD ST	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	DIRECTOR, VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLA T. LOVETT	
STREET ADDRESS	1918 W. 23RD ST	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
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: Weldon B. Thomas WELDON B. THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/01 850/769-8061

Daytime Phone #

CR2E034 (10/00)