

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
 04-11-2002 90784 017 ***150.00

00605833
 AV

DOCUMENT # P99000010638
 1. Entity Name
ART'S ELECTRICAL SERVICES, INC.

Principal Place of Business
21209 WOLF BRANCH RD
MOUNT DORA FL 32757

Mailing Address
P.O. BOX 1492
MOUNT DORA FL 32757



2. Principal Place of Business
4716 SE 53 PL

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
 Suite, Apt. #, etc.

Zip
34472

Country

4. FEI Number
59-3552465

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MATT, ARTHUR M
21209 WOLF BRANCH RD
MOUNT DORA FL 32757

PO BOX 1492
MOUNT DORA

7. Name and Address of New Registered Agent
 Name **MATT, ARTHUR M**
 Street Address (P.O. Box Number is Not Acceptable)
6716 SE 53 PL
 City **Ocala** **FL** Zip Code **34472**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | PSTD MATT, ARTHUR M 21209 WOLF BRANCH RD MOUNT DORA FL 32757 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO BOX 1492 MT DORA FL 32756 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Arthur M. Matt* **4/2/02** **352167-8216**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)