

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010638

1. Entity Name
ART'S ELECTRICAL SERVICES, INC.Principal Place of Business
21209 WOLF BRANCH RD
MOUNT DORA FL 32757Mailing Address
P.O. BOX 1492
MOUNT DORA FL 327572. Principal Place of Business
6716 SE 53 PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA, FL

City & State

Zip 34472

Zip

Country

4. FEI Number

59-3552465

Applied For
Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATT, ARTHUR M
21209 WOLF BRANCH RD
MOUNT DORA FL 32757PO 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

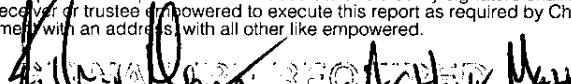
9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME MATT, ARTHUR M
STREET ADDRESS 21209 WOLF BRANCH RD
CITY-ST-ZIP MOUNT DORA FL 32757 Delete Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90784 017 ***150.00



DO NOT WRITE IN THIS SPACE

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