

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90009 007 ***550.00

DOCUMENT # P99000065583

1. Entity Name
ARTISTIC WOOD FINISHERS, INC.

Principal Place of Business 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY FL 34228	Mailing Address 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY FL 34228
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H0012022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1455 Rail Head Blvd.	3. Mailing Address 1455 Rail Head Blvd.
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Suite, Apt. #, etc. 31	Suite, Apt. #, etc. 31
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City & State NAPLES, FL	City & State NAPLES, FL
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4. FEI Number 59-3594599	Applied For <input type="checkbox"/> Not Applicable
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Zip 34110	Country U.S.A	Zip 34110	Country U.S.A
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, JEROEN
 4134 GULF OF MEXICO DRIVE, SUITE 302
 LONGBOAT KEY FL 34228

Name SANDERS, JERDEN
Street Address (P.O. Box Number is Not Acceptable) 8911 SPRINGWOOD CT
City Bonita Springs
State FL
Zip Code 34135-9506

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]* **8/10/00**
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, JEROEN 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN DE HEE, TONNY 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8911 SPRINGWOOD CT Bonita Springs, FL 34135-9506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8911 SPRINGWOOD CT. BONITA SPRINGS, FL. 34135-9506
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"/> Change <input type="checkbox"/> Addition
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]* **8/10/00** **941-592-1755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/00)