

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110402

1. Entity Name

ARTISAN POOLS AND SPAS, INC. ✓

Principal Place of Business

Mailing Address

5418 GULF BREEZE PKWY
GULF BREEZE FL 32561

5418 GULF BREEZE PKWY
GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

5418 GULF BREEZE PKWY

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GULF BREEZE FLORIDA

4. FEI Number

59-3612367

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

32561

U.S.A.

32561

same

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STULLER, THOMAS A
5418 GULF BREEZE PKWY
GULF BREEZE FL 32561

Name

N/A

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

Thomas A. Stuller

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Thomas A. Stuller	
STREET ADDRESS	5418 G.B. PKWY FL.	
CITY-ST-ZIP	G.B. FL. 32561	
TITLE		<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Thomas Stuller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/00

Date

850-932-8008

Daytime Phone #

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90008 029 ***550.00

00000001



DO NOT WRITE IN THIS SPACE