

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90053 026 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 375658

1. Entity Name

ARC INDUSTRIES INCORPORATED



Principal Place of Business
 200 D INDUSTRIAL PARK RD
 DESTIN FL 32540

Mailing Address
 PO BOX 887
 DESTIN FL 32540
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1462197

☐ Applied
☐ Not App
5. Certificate of Status Desired ☐

\$8.75 Additions
 Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ANGELO, HAZEL R
 4080 DRIFTING SAND TRAIL
 DESTIN FL 32541

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. I am familiar with, and a the obligations of registered agent.

SIGNATURE

I, _____ (Typed or printed name of registered agent and fee if applicable)

I, _____ (Typed or printed name of registered agent and fee if applicable)

DATE

4-30-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 Ma
 Added to Fe

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE PD
 NAME HAZEL DE ANGELO R
 STREET ADDRESS 4080 DRIFTING SAND TRAIL
 CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME DEANGELO, FRANK
 STREET ADDRESS 4080 DRIFTING SAND TRAIL
 CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 10 or Block 11, changed, or on an attachment with an address with all other like empowered.

404020

04/30/2003 01:36

3216358790

H&R BLOCK

#375658

PAGE 02

From

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500**

[illegible]

- TO REMOVE ENVELOPE DETACH AT PERFORATION

uctions

COMPLETING
CALL 488-9000.

to Florida Department of State.)
 For a dispute regarding the
 bank that your check has

cannot change the name
in block 1. If no name change
SHOULD BE DIRECTED TO

It's incorrect, enter the new

" is provided in Block 4, you
 100-1040.

Start with your filing fee.

correct information in Block 7.

P.O. Box or mail service is NDI.

The same Registered Agent is required when reinstating

the offices of the Governor and

11. Please do not make any

Directions: Attach a separate letter from the Managing Director, if you are 65 years of age or older. NOTE: If you are 65 years of age or older, you must provide an affidavit under oath that no other

of an attachment. If the
is indispensable.