

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90086 018 ***150.00

FORM 28 AT

DOCUMENT # 479775
 1. Entity Name
ARCCO OF ST. LUCIE, INC.

Principal Place of Business Mailing Address
P.O. BOX 12909 **P.O. BOX 12909**
FT PIERCE FL 34979-2909 **FT PIERCE FL 34979-2909**



DO NOT WRITE IN THIS SPACE

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 **59-1608453** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ADAMS, ALTO, JR.
26015 ORANGE AVE
FT PIERCE FL 33451

7. Name and Address of New Registered Agent
 Name
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	ADAMS, ROBERT L.	
STREET ADDRESS	22500 OKEECHOBEE RD	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARRISON, PETER W.	
STREET ADDRESS	23285 ORANGE AVE	
CITY-ST-ZIP	FT. PIERCE FL 34945	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, DOROTHY S.	
STREET ADDRESS	26015 ORANGE AVE	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, ALTO L, JR.	
STREET ADDRESS	26015 ORANGE AVE	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADMAS, MICHAEL L.	
STREET ADDRESS	25501 ORANGE AVE	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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: *Michael L. Adams* **Michael L. Adams** **REQUIREN**
 _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)