

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90081 029 ***150.00

DOCUMENT # F55215
 1. Entity Name
ARCH & ASSOCIATES, INC.

Principal Place of Business: **C/O RUTH A. ARCH, 190 E MORSE BLVD, WINTER PARK FL 32789 US**
 Mailing Address: **1711 VIA TUSCANY, WINTER PARK FL 32789 US**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **59-2304900**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RUTH A ARCH, 190 E MORSE BLVD, WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name: **VINCENT J ARCH**
 Street Address (P.O. Box Number is Not Acceptable): **1711 VIA TUSCANY**
 City: **WINTER PARK FL** Zip Code: **32789**

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: **RUTH A. ARCH** (Signature, typed or printed name of registered agent and title if applicable.)
 Registered Agent signature required when reinstating: **[Signature]** DATE: **1/12/01**

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, 2001 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: VD	NAME: ARCH, VINCENT, J	STREET ADDRESS: 1711 VIA TUSCANY	CITY-ST-ZIP: WINTER PARK FL	<input type="checkbox"/> Delete
TITLE: PD	NAME: ARCH, RUTH, ANNE	STREET ADDRESS: 1711 VIA TUSCANY	CITY-ST-ZIP: WINTER PARK FL	<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 type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD PRESIDENT	NAME: VINCENT ARCH	STREET ADDRESS: 1711 VIA TUSCANY	CITY-ST-ZIP: WINTER PARK FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD VICE PRES.	NAME: RUTH ANNE ARCH	STREET ADDRESS: 1711 VIA TUSCANY	CITY-ST-ZIP: WINTER PARK FL 32789	<input checked="" 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
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: **Vincent J Arch** DATE: **1/12/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **407 645 4522**

CR2E034 (10/00)