

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90088 035 \*\*\*158.75

**DOCUMENT # K33842**

1. Entity Name  
**ARSI HOLDINGS, INC.**

Principal Place of Business

**3320 HARDEE DR  
 VENICE FL 34292  
 US**

Mailing Address

**C/O CALDWELL TRUST CO  
 201 CENTER RD  
 VENICE FL 34292  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0072188**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CALDWELL, ROLAND G., JR  
 3320 HARDEE DR  
 VENICE FL 34292**

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

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, 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	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>KRAUT, MARYANN C</b>	
STREET ADDRESS	<b>428 PALMETTO COURT</b>	
CITY-ST-ZIP	<b>VENICE FL 34285</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PECHEUX, DEBORAH</b>	
STREET ADDRESS	<b>1911 OAKHURST PARKWAY</b>	
CITY-ST-ZIP	<b>SUGAR LAND TX 77479</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>CALDWELL, ROLAND G., JR</b>	
STREET ADDRESS	<b>3320 HARDEE DR</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
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		

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		
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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 line empowered.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02 941-493-3600

Date

Daytime Phone #

CR2E034 (9/01)