2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

Principal Place of Business

13245 ATLANTIC BLVD. SUITE 4

P01000032636

Mailing Address

13245 ATLANTIC BLVD. SUITE 4

1. Entity Name

ARBOR BUILDERS, INC.



FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90196 021 ***150.00

TRESTRAGA

UNIT 352 JACKSONVILLE FL 32225				UNIT 352 JACKSONVILLE FL 32225									
2. Principal Place of Business				3. Mailing Address					1			J ((1) () () ()	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State			<u> </u>	4. FEI Number 59-3706791 Applied Fo				oplied For	
Zip		Country	Zip	Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent								7. Nar	me and Address of New Reg	stered A	gent		
						Name							
ALSON, WILLIAM B							Street Address (D.O. Boy Number is Not Acceptable)						
2340 WINDCHIME DRIVE							Street Address (P.O. Box Number is Not Acceptable)						
JACKSON	VILLE FL 3	2224							-				
						City	-		***	FL	Zip Cod	le	
8. The above	named entity	submits this statement for	r the pure	oose of changing its	registere	ed office or	reaistered	agent	t, or both, in the State of Florid	a. I am fa	miliar with.	and accept	
	ions of regist							-9	,,				
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOTE	: Registere	d Agent signate	ure required wh	en reinst	ating)	DATE	_		
		L EEE 10 A450.00		7									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								ĺ	9. Election Campaign Finan	cing	\$5.0	00 May Be	
		S ree will be \$550.00 Florida Department of	State						Trust Fund Contribution.		Added	d to Fees	
10. OFFICERS AND DIRECTORS								ADDI	TIONS/CHANGES TO OFFICE	DC AND I	DIRECTOR	C (N) 44	
	DST	OFFICERS AND	DIRECTO		11.						Change		
TITLE NAME	TAYSE, J	EEDEV C		☐ Delete	TITLE		(-E(3		Change	Addition Addition	
STREET ADDRESS		NEA WAY				ET ADDRESS	}						
CITY-ST-ZIP		VILLE FL 32259				-ST-ZIP							
TITLE	PD			Delete	TITLE		<u> </u>				Change	Addition	
NAME		POON, MELVIN		Delete	NAME					ι		[_] Addition	
STREET ADDRESS		VIA MARINA DRIVE				- et address i							
CITY-ST-ZIP		BEACH FL 32233			-	-ST-ZIP	}						
TITLE	-V~	DESCRIPE OZZOO		~ Delete	TITLE		D	-1.	tent = P		Change	Addition	
NAME	ALSON, V	/ILLIAM	=	~ L_ Delete ,	NAME		1. 11.00	-0.	ext . L		El ourrigo "		
STREET ADDRESS		KHINK DRIVE				ET ADDRESS							
CITY-ST-ZIP		VILLE FL 32224			CITY	·ST-ZIP]						
TITLE				☐ Delete	TITLE		- 				☐ Change	Addition	
NAME					NAME	:						_	
STREET ADDRESS					STREE	ET ADDRESS							
CITY-ST-ZIP					CITY-	-ST-ZIP							
TITLE				☐ Delete	TITLE					Ī	☐ Change	☐ Addition	
NAME					NAME								
STREET ADDRESS						T ADDRESS							
CITY-ST-ZIP					CITY-	ST-ZIP		. <u> </u>					
TITLE				☐ Delete	TITLE					[Change	Addition	
NAME					NAME		l						
STREET ADDRESS						T ADDRESS							
CITY-ST-ZIP					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 if changed, or on an attachment with an address, with all of ner like empowered.

SIGNATURE: