

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90303 036 \*\*\*150.00

**DOCUMENT # P10885**

**1. Entity Name**  
**ARCADE FINANCIAL SERVICES CO.**

**Principal Place of Business**  
**2841 EXECUTIVE DR., SUITE 220**  
**CLEARWATER FL 33762**  
**US**

**Mailing Address**  
**2841 EXECUTIVE DR., SUITE 220**  
**CLEARWATER FL 33762**  
**US**

00040114



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> <b>34-1134598</b>	<b>Applied For</b>
	<b>Not Applicable</b>

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>GODFREY, WILLIAM H.</b> <b>2841 EXECUTIVE DR., SUITE 220</b> <b>CLEARWATER FL 33762</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

**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

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input checked="" type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PTD</b> <input type="checkbox"/> Delete <b>GODFREY, WILLIAM H.</b> <b>14237 FEATHER SOUND DR. 2846</b> <b>CLEARWATER FL 33762</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2846 SANDPIPER PLACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete <b>VSD</b> <b>PEVZNER, MICHAEL D.</b> <b>5000 WHITE PINE CIR NE</b> <b>ST.PETERSBURG FL 33703</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 Pevzner, VP **3/4/02 727-572-4038**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)