## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000078696 1. Entity Name AR CONSULTANTS, INC.

## FILED May 23, 2002 8:00 am Secretary of State 05-23-2002 90135 031 \*\*\*150.00

| <del></del>                                 |   |  | _                           |                               | - 1                  |   |                                     |   |   |  |
|---|---|--|-----------------------------|-------------------------------|----------------------|---|-------------------------------------|---|---|--|
| Principal Place of Business Mailing Address |   |  |                             |                               |                      |   |                                     |   |   |  |
| 390 BUSINESS PARKWAY SUITE #L               |   | 390 Business Parkway<br>Suite #L   |                             |                               | 1                    | U 2000  |                                     |   |   |  |
|   |   |  |                             |                               |                      |   |                                     |   |   |  |
| ROYAL PAL<br>  US                           | LM BEACH FL 33411   | ROYAL PALM BEACH I   | FL 33411                    |                               |                      | i leekieki kii tirdo ekke birki eekk  | ) <b>00</b> 212 <b>#</b> 31         | // ( <b>246</b> ) (61) <b>0</b> 4             | 108 16/18 820 1801                      |  |
| 1   | Place of Business   | · · · · · · · · · · · · · · · · · · ·  |                             |                               |                      |   |                                     |   |   |  |
|   | - Association   | 3. Mailing Address   |                             |                               |                      | ı immilimdi. 190 favila Dibil Bəlili Dibili   | HOMAN BEAN                          | it i <b>nde</b> t init <b>e e</b> t           |   |  |
| Suite, Apt. #, etc.                         |   | Suite, Apt. #, etc.  |                             |                               | _                    | DO NOT WRITE IN THIS SPACE  |                                     |   |   |  |
| City & State                                |   | City & State   |                             |                               | 4.                   | FE! Number 65-0749853   |                                     |   | Applied For                             |  |
| Zip   | Country   | Zip  | Count                       | гу                            | 5.                   | Certificate of Status Desired   |                                     | \$8.75 A                                      | Not Applicable<br>additional            |  |
|   | 6. Name and Address of Current F  | l<br>Registered Agent  | ┸                           |                               |                      |   |                                     | Fee Requi                                     | red                                     |  |
|   |   | -Sicror Agent  |                             | Name                          |                      | Name and Address of New Reg   | istered                             | Agent   |   |  |
| LAMPBE                                      | RT, JEFFREY B   |  |                             |                               |                      |   | _                                   |   |   |  |
|   | YAL PALM BEACH BLVD   | Street Address   |                             |                               | ss (P.O.             | Box Number is Not Acceptable)   |                                     |   |   |  |
|   | PALM BEACH FL 33411   |  | F                           |                               |                      |   |                                     |   |   |  |
|   |   |  | -                           |                               |                      |   |                                     |   | _                                       |  |
|   |   |  | 1                           | City                          |                      |   | FL                                  | Zip Co  | de                                      |  |
| 8. The above                                | e named entity submits this statement for   | the purpose of changing its  | s registered                | d office or regis             | tered a              | gent or both in the State of Florid   |                                     |   |   |  |
|   |   |  |                             | J                             |                      | gend of boun, in the orace of 1 10110   | a.                                  |   |   |  |
| SIGNATURE                                   |   |  |                             |                               |                      |   |                                     |   |   |  |
| <del>_</del>                                | Signature, typed or printed name of registered agent an   | d title if applicable. (NOT  | TE: Registered              | Agent signature requi         | ired when r          | reinstating)  | DATE                                |   |   |  |
| 9. This corpo                               | oration is eligible to satisfy its Intangible   | FILE NOW   | !!! FEE !                   | S \$150.00                    |                      |   |                                     |   |   |  |
| Tax filing<br>(See crite                    | requirement and elects to do so. ria on back)   | After May 1, 20  | 002 Fee w                   | /iii be \$550.00              | )                    | <ol> <li>Election Campaign Finance<br/>Trust Fund Contribution.</li> </ol>                                      | cing<br>[                           | ຸ \$5.  | <b>00</b> May Be                        |  |
| <u> </u>                                    |   | Make Check Payal   | ble to Dep                  | partment of Si                | tate                 | rrust i uno contribution.   | L                                   | → Adde  | ed to Fees                              |  |
| 11.   | OFFICERS AND D  | <del></del>  | 12.                         |                               | ΑC                   | DDITIONS/CHANGES TO OFFICE  | RS AND                              | DIRECTOR                                      | RS IN 11                                |  |
| -TITLE<br>NAME                              | DEINEMA CTEDUEN I   | ☐ Delete   | TITLE                       |                               |                      | · · · · · · · · · · · · · · · · · · ·   |                                     | ☐ Change                                      | Addition                                |  |
| STREET ADDRESS                              | DEINEMA, STEPHEN J<br>390 BUSINESS PARKWAY, STE L   |  | NAME                        | 400000                        |                      |   |                                     |   |   |  |
| CITY-ST-ZIP                                 | ROYAL PALM BEACH FL 33411   |  | CITY-S                      | ADDRESS                       |                      | •   |                                     |   |   |  |
| TITLE                                       | P   | ☐ Delete   | TITLE                       |                               | •                    | ·   | -                                   |   |   |  |
| NAME  | DEINEMA, STEPHEN J  | □ Delete   | NAME                        |                               |                      |   |                                     | ☐ Change                                      | ☐ Addition                              |  |
| STREET ADDRESS                              | 390 BUSINESS PARKWAY, STE L   |  | STREET                      | ADDRESS                       |                      |   |                                     |   | ľ                                       |  |
| CITY-ST-ZIP                                 | ROYAL PALM BEACH FL 33411   |  | CITY-S1                     | r-zip                         |                      |   |                                     |   | 1                                       |  |
| TITLE                                       |   | ☐ Delete   | TITLE                       |                               |                      |   |                                     | ☐ Change                                      | Addition                                |  |
| NAME<br>STORET ADDDESS                      |   |  | NAME                        |                               |                      |   |                                     | change  | L Addition                              |  |
| STREET ADDRESS<br>City-St-Zip               |   |  |                             | ADDRESS                       |                      |   |                                     |   |   |  |
| TITLE                                       |   |  | CITY-ST                     | - ZIP                         |                      |   |                                     |   |   |  |
| NAME  | •   | Delete -   | TITLE                       |                               |                      | · · -   |                                     | ☐ Change                                      | Addition                                |  |
| STREET ADDRESS                              |   |  | NAME<br>STREET 4            | ADDRESS                       |                      |   |                                     |   |   |  |
| CITY-ST-ZIP                                 |   |  | CITY-ST                     | 1                             |                      |   |                                     |   |   |  |
| TITLE                                       |   | ☐ Delete   | TITLE                       |                               |                      |   |                                     |   |   |  |
| IAME  |   |  | NAME                        |                               |                      |   |                                     | ☐ Change                                      | ☐ Addition                              |  |
| STREET ADDRESS<br>SITY-ST-ZIP               |   |  | STREET A                    | DDRESS                        |                      |   |                                     |   |   |  |
|   |   |  | CITY-ST-                    | - ZIP .                       |                      |   |                                     |   |   |  |
| ITLE<br>IAME                                |   | ☐ Delete   | TITLE                       |                               |                      |   |                                     | ☐ Change                                      | ☐ Addition                              |  |
| TREET ADDRESS                               |   |  | NAME                        | DDDC05                        |                      |   |                                     | -   |   |  |
| ITY-ST-ZIP                                  |   |  | STREET A                    |                               |                      |   |                                     |   | 1                                       |  |
| 3. I hereby ce                              | ertify that the information supplied with this  | s filing rose and august 1   | the array                   | 410                           |                      |   |                                     |   |   |  |
| indicated of<br>of the corp<br>changed, o   | ertify that the information supplied with this on this report of supplemental report is true oration or the receiver or trustee empower or on an attachment with an address, with | and accurate and that mired to execute this report a all other like empowered. | ny signature<br>as required | shall have the by Chapter 607 | same le<br>7, Florid | 19.07(3)(i), Florida Statutes. I furth<br>gal effect as if made under oath;<br>a Statutes; and that my name app | ier certit<br>that I an<br>bears in | iy that the in<br>n an officer<br>Block 11 or | formation<br>or director<br>Block 12 if |  |

SIGNATURE:

561, 333.2725