

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 22, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000030884**

1. Entity Name  
**A.R.N. HOMES, INC.**

Principal Place of Business 8257 SOUTH US 1  PORT ST. LUCIE FL 34952	Mailing Address 8257 SOUTH US 1  PORT ST. LUCIE FL 34952
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2. Principal Place of Business 10302 SOUTH US 1	3. Mailing Address 10302 SOUTH US 1
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Suite, Apt. #, etc. PMB # 293	Suite, Apt. #, etc. PMB # 293
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City & State PORT ST. LUCIE FL	City & State PORT ST. LUCIE FL
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Zip 34952	Country	Zip 34952	Country
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4. FEI Number <b>65-0743853</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GREENWALT A E**  
 8257 SOUTH US 1  
  
 PORT ST. LUCIE FL 34952

Name  
**GREENWALT A E**  
 Street Address (P.O. Box Number is Not Acceptable)  
**201 S. W. PT. ST. LUCIE BLVD.**  
 #201  
 City  
**PORT ST. LUCIE FL** Zip Code  
**34984**

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 **A. E. GREENWALT**

**01/22/2001**

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>GREENWALT A E</b> <b>2949 SE FARLEY RD.</b> <b>PORT ST. LUCIE FL 34952</b>	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <b>GREENWALT A. E.</b> <b>2949 SE FARLEY RD</b> <b>PT ST LUCIE FL 34952</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <b>GREENWALT A. E.</b> <b>201 S. W. PT. ST. LUCIE BLVD. #201</b> <b>PT ST LUCIE FL 34984</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **A. E. Greenwalt**

PDST 01/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)