

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

0349270 AV

03-18-2002 90039 031 \*\*\*150.00

**DOCUMENT # P98000010943**

1. Entity Name  
**PETER HALMOS & SONS, INC.**

Principal Place of Business <b>224 DATURA ST                  STE 315                  W. PALM BCH FL 33401</b>	Mailing Address <b>224 DATURA ST                  STE 315                  W. PALM BCH FL 33401</b>
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2. Principal Place of Business <b>215 S. OLIVE AVE. #200</b>	3. Mailing Address <b>5725 CORPORATE WAY</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#101</b>
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City & State <b>WEST PALM BEACH, FL.</b>	City & State <b>WEST PALM BEACH, FL</b>
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Zip <b>33401</b>	Country <b>PB</b>	Zip <b>33407</b>	Country <b>PB</b>
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4. FEI Number <b>65-0808606</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

**ARNOLD, ROBERT J  
 224 DATURA ST  
 STE 315  
 W. PALM BCH FL 33401**

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

Name <b>ARNOLD, ROBERT J</b>
Street Address (P.O. Box Number is Not Acceptable) <b>215 S. OLIVE AVE. #200</b>
City <b>WEST PALM BEACH</b>
State <b>FL</b>
Zip Code <b>33401</b>

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]* **vice President** DATE **3-5-02**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT HALMOS, PETER 224 DATURA ST -STE 315 W. PALM BCH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS ARNOLD, ROBERT J 224 SATURA ST STE 315 WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT HALMOS, PETER 215 S. OLIVE AVE. #200 WEST PALM BEACH, FL. 33401</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS ARNOLD, ROBERT J 215 S.OLIVE AVE. #200 WEST PALM BEACH, FL. 33401</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **REQUIRED** DATE **3-5-02** DAYTIME PHONE # **833-6300**

CR2E034 (9/01)