

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90043 005 ***158.75

0359827 AV

DOCUMENT # 277226

1. Entity Name
ARNOLD - BRYANT, INC.

Principal Place of Business
**5725 CORPORATE WAY
 SUITE 205
 WEST PALM BEACH FL 33407**

Mailing Address
**5725 CORPORATE WAY
 SUITE 205
 WEST PALM BEACH FL 33407
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1160935**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANKLIN, CHRISTOPHER
 5725 CORPORATE WAY, SUITE 205
 WEST PALM BEACH FL 33407**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **PSTD**
 STREET ADDRESS **ARNOLD, J. N**
 CITY-ST-ZIP **312 EAGLETON GOLF DRIVE
 PALM BEACH GARDENS FL 33418**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BRYANT, WILLIAM J**
 CITY-ST-ZIP **8475 1ST AVE. NORTH
 ST PETERSBURG FL 33702**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **FRANKLIN, LISA A**
 CITY-ST-ZIP **8316 QUAIL MEADOW WY
 WEST PALM BEACH FL 33412**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **FRANKLIN, CHRISTOPHER G.**
 CITY-ST-ZIP **8316 QUAIL MEADOW WY
 WEST PALM BEACH FL 33412**

TITLE ☒ Change ☐ Addition
 NAME **P/S/T/D**
 STREET ADDRESS **FRANKLIN, CHRISTOPHER G.**
 CITY-ST-ZIP **110 RADCLIFFE CT.
 JUPITER, FL 33458**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **John M Healy**
 CITY-ST-ZIP **164 Sage Circle
 Crystal Beach, FL 34684**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **V. Steve Spivey**
 CITY-ST-ZIP **32 Pine Hill Trail West
 Trueta, FL 33469**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 615.07(1), 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: Christopher G.R. Franklin **Christopher G.R. Franklin 561-687-1090**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)