

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 03, 2001 08:00 AM
Secretary of State

DOCUMENT # 304651

1. Entity Name
ARVICO CORPORATION

Principal Place of Business
 8283 CURRENCY DRIVE
 RIVIERA BEACH FL 33404

Mailing Address
 8283 CURRENCY DRIVE
 RIVIERA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1159030

Applied For
 Not Applicable

Zip Country

Zip Country

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

KRASKER PAUL
 625 N FLAGLER DRIVE
 9TH FLOOR
 WEST PALM BEACH FL 33401

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.

01/03/2001
DATE

(NOTE: Registered Agent signature required when reinstating)

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 **D** Delete
 NAME **GOODMAN ELMER A**
 STREET ADDRESS **8283 CURRENCY DR**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GOODMAN DRU D**
 STREET ADDRESS **8283 CURRENCY DR**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **SINCLAIR DAVID C**
 STREET ADDRESS **8283 CURRENCY DR**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE **D** Change Addition
 NAME **GOODMAN ELMER AD**
 STREET ADDRESS **8283 CURRENCY DR**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE **V** Delete
 NAME **BENTLEY, CLARKE E.**
 STREET ADDRESS **8283 CURRENCY DRIVE**
 CITY-ST-ZIP **RIVIERA BCH. FL**

TITLE **P** Change Addition
 NAME **BENTLEY CLARK EP**
 STREET ADDRESS **8283 CURRENCY DRIVE**
 CITY-ST-ZIP **RIVIERA BCH. FL**

TITLE **P** Delete
 NAME **BROWN, ARTHUR F**
 STREET ADDRESS **8283 CURRENCY DRIVE**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE **C** Change Addition
 NAME **GOODMAN DRU DC/S/T/D**
 STREET ADDRESS **8283 CURRENCY DRIVE**
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: CLARK E BENTLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P **01/03/2001**
Date

Daytime Phone #

CR2E034 (11/00)