2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 375658 1. Entity Name ARC INDUSTRIES INCORPORATED			Secretary of State 02-05-2002 90042 015 ***150.00
Principal Place of Business 325 POINCIANA DRIVE MELBOURNE FL 32935-3814	Mailing Address PO BOX 33487 INDIALANTIC FL 32903-0487 US	,	
2. Principal Place of Business 200 D Industrial Pay Suite, Apt. #, etc.	3. Mailing Address -k Rd POB 867 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State Destin, F1 32540 Zip	zip 32540	32540 Country Okaloosa	4. FEI Number 59-1462197 Applied For Not Applicable 5. Certificate of Status Desired Sa.75 Additional Fee Required
1090 NORTH RAMONA AVENUE 40.8 INDIATLANTIC FL 32903			7. Name and Address of New Registered Agent el R. De Angelo ss (P.O. Box Number is Not Acceptable) O Drifting Sand Trail FL Zip Code 325/41
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, typeg or printed name of registered agent and title rapplicable. (NOTE: Registered Agent signature required when reinstating) Destin, 32541 SIGNATURE DATE			
This corporation is eligible to satisfy its Int Tax filing requirement and elects to do so. (See criteria on back)	After May 1, 2002 Make Check Payable		State Trust Fund Continuation.
TITLE . NAME STREET ADDRESS CITY-ST-ZIP TITLE . PD DE ANGELO,FRANK T 1090 N. RAMONA AVE INDIANATLANTIC FL 3280	S AND DIRECTORS [XDelete	NAME	Hazel R. De Angelorr Machange Addition 4080 Drifting Sand Trail Destin, Fl 32541
TITLE D NAME DE ANGELO,HAZEL R STREET ADDRESS 1090 N. RAMONA AVE INDIANATLANTIC FL 3280	Delete	STREET ADDRESS	Frank T. De Angelo 4080 Drifting Sand Trail Destin, F1 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 attashmen with an address, with all other like empowered.

GNATURE:

| - 20.6 2 | SCV- CCV- > 77.2 SIGNATURE: