## **2001 UNIFORM BUSINESS REPORT (UBR)**

			NESS REPO	ORT (	(UBR)	$\neg$		LEI		0
1. Entity Nan	me	# 424069					Feb 02, 20 Secretar			
ART, MC	CBRIDE, C	ARPENTRY CONTR	ACTOR, INC.	•	· m. viges		02-02-2001 90			
Principal Plac	ce of Business	Office Care Control	Mailing Address							
7501 WILLIAMS SEFFNER FL 3	S RD <sup>000</sup>	orderen (h. 1944) 19a - Albert Arthur (h. 1965) 19a - Albert Arthur (h. 1965)	•		ugara ya wana da gara ya		Section 1985 and the property of the	C001	56,97	:
da ira						_   ·			1811 B2B21 B13	12 <b>6</b> 0 <b>6</b> 01 (1 <b>88</b> 1
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SP	ACE	
City & State			City & State		4. FEI	4. FEI Number 59-1456847 Applied For Not Applicable				
Zip ~		Country	Zip	Countr	ry			Fe	<b>8.75</b> Addee Require	
	6. Name	and Address of Current	Registered Agent		Name	7. Nar	ne and Address of New Regi	stered Ag	ent	
7501	Bride, arthi 1 Williams I Fner FL 339	RD		-	Street Addre	ess (P.O. Box	Number is Not Acceptable)			
SEF	THEN I'L 33	<del>, , , , , , , , , , , , , , , , , , , </del>	. •		City			FL	Zip Cod	е
8. The above	named entity	submits this statement for	the purpose of changing it	ts registered	d office or reg	istered agent	t, or both, in the State of Florida	а.		
SIGNATURE  9. This corporate filing	Signature, typed o oration is eligib requirement ar	or printed name of registered agent a ple to satisfy its Intangible and elects to do so.	FILE NOW After MAY 1, 2	TE: Registered	Agent signature res	quired when reinst		DATE		<b>0</b> May Be
9. This corporate filing (See crite	Signature, typed o	or printed name of registered agent a color printed name of registered agent a color printed in the printed in	rid title if applicable. (NO FILE NOW After MAY 1, 2 Make Check Paya	TE: Registered	Agent signature res	quired when reinst	ating)  10. Election Campaign Financ Trust Fund Contribution.	DATE cing	Added	to Fees
9. This corporate filing (See crite) 11. TITLE NAME STREET ADDRESS	Signature, typed of oration is eligible requirement airria on back)  ST MCBRIDE,	or printed name of registered agent a ple to satisfy its Intangible and elects to do so.	rid title if applicable. (NO FILE NOW After MAY 1, 2 Make Check Paya	VIII FEE II OO1 Fee wable to Dej 12. TITLE NAME	Agent signature ret \$ \$150.00 will be \$550. partment of	quired when reinst	ating)  10. Election Campaign Finance Trust Fund Contribution.  TIONS/CHANGES TO OFFICE  A McBnile  684	DATE sing	Added	to Fees
9. This corporate filing (See crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	signature, typed of oration is eligible requirement autria on back)  ST  MCBRIDE, 204 MAGN	or printed name of registered agent at pole to satisfy its intangible and elects to do so.  OFFICERS AND ITEMS OF THE COLLA LANE  ARTHUR E  IAMS RD	FILE NOW After MAY 1, 2 Make Check Paya  DIRECTORS  Delete	/!!! FEE II /!!!! FEE II /!!!! FEE II /!!! FEE II /!!!! FEE II /!!! FEE II /!!!! FEE II /!!!! FEE II /!!!! FEE II /!!!! FEE II /!!! FEE II /!!!! FEE II /!!!! FEE II /!!!! FEE II /!!!! FEE II /!!! FEE II /!!!! FEE II /!!! FEE II /!! FEE II /! FEE II /!! FEE II	Agent signature red \$ \$150.00 will be \$550. partment of  T ADDRESS ST-ZIP	Quired when reinst	ating)  10. Election Campaign Finance Trust Fund Contribution.  TIONS/CHANGES TO OFFICE  A McBnile  684	DATE sing	Added	S IN 11
SIGNATURE  9. This corporate filing	signature, typed of oration is eligible requirement auria on back)  ST MCBRIDE, 204 MAGN TAMPA FL PD MCBRIDE, 7501 WILLI	or printed name of registered agent at pole to satisfy its intangible and elects to do so.  OFFICERS AND ITEMS OF THE COLLA LANE  ARTHUR E  IAMS RD	FILE NOW After MAY 1, 2 Make Check Paya DIRECTORS  Delete	ITE: Registered  /!!! FEE II  /!!! All  /!!! FEE II  /!!! FEE II  /!!! All  /!!! FEE II  /!! All  /!!! FEE II  /!!! All  /!!! FEE II  /!!! All  /!!! All  /!!! FEE II  /!!! All  /!! All  /!! All  /!!! All  /!!! All  /!!! All  /!! All  /! All  /!! All  /!! All  /!! All  /!! All  /! Al	Agent signature rec \$ \$150.00 will be \$550.1 partment of  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	Quired when reinst	ating)  10. Election Campaign Finance Trust Fund Contribution.  TIONS/CHANGES TO OFFICE  A McBnile  684	DATE  Cing  RS AND D	Addec	I to Fees S IN 11 Addition
9. This corporates filling (See crite  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	signature, typed of oration is eligible requirement auria on back)  ST MCBRIDE, 204 MAGN TAMPA FL PD MCBRIDE, 7501 WILLI	or printed name of registered agent at pole to satisfy its intangible and elects to do so.  OFFICERS AND ITEMS OF THE COLLA LANE  ARTHUR E  IAMS RD	FILE NOW After MAY 1, 2 Make Check Paya  DIRECTORS  Delete	ITE: Registered  /!!! FEE II  2001 Fee wable to Dep  12.  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Agent signature red \$ \$150.00 vill be \$550. partment of  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	auired when reinst DO State  ADDIT ST PA+Michin P. O. BO)	ating)  10. Election Campaign Finance Trust Fund Contribution.  TIONS/CHANGES TO OFFICE  A McBnile  684	DATE Sing RS AND D	Addec	I to Fees S IN 11 Addition Addition
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indicated on tris 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.

Anshor

GNATURE:

(81) 626-8355 Arthur McBride

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR