## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # 425880** Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** ARNOLD AND ARNOLD INC 03-24-2000 90118 046 \*\*\*150.00 Principal Place of Business Mailing Address 1361 AIRPORT ROAD NORTH 1361 AIRPORT ROAD NORTH NAPLES FL 34104-3315 NAPLES FL 33942 2. Principal Place of Business 3. Mailing Address 1100 Commercial Blvd. #118 <del>1100 Commercial Blvd. #118</del> DO NOT WRITE IN THIS SPACE Naples FL 34104 Naples FL 34104 City & State Applied For City & State 4. FEI Number 59-1477179 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARNOLD, DONALD L. Street Address (P.O. Box Number is Not Acceptable) 1361 AIRPORT ROAD NORTH 1100 Commercial Blvd. #118 NAPLES FL 33942 Naples FL 34104 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, [] Change ☐ Addition TITLE TITI F Delete ARNOLD, DOROTHY L NAME 4051 GULF SHORE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 🛛 Change Addition PSD De'ete TITLE TITLE ARNOLD, DONALD L. NAME NAME 1100 Commercial Blvd. #118 1361 AIRPORT ROAD NORTH STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP Naples FL 34104 CITY-ST-ZIP - Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 proviered.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/22/00 94/-673-6333 Daytine Phone #