

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 465789

1. Entity Name

BANKS ROAD COMMERCE CENTER, INC.

Principal Place of Business

2761 N.E. 6TH STREET
POMPANO BEACH FL 33062-4928

Mailing Address

2761 N.E. 6TH STREET
POMPANO BEACH FL 33062-4928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1629905

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, MAY A.
2761 N.E. 6TH STREET
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name ONLEY E. ARNOLD

Street Address (P.O. Box Number is Not Acceptable)
2761 N.E. 6TH ST.

City POMPANO BEACH

FL

Zip Code 33062

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 Onley E. Arnold ONLEY E. ARNOLD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/00
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, 2000 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

TITLE VD ☐ Delete
NAME ARNOLD, ONLEY E
STREET ADDRESS 2761 N.E. 6TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE PST ☐ Delete
NAME ARNOLD, MARY A.
STREET ADDRESS 2761 N.E. 6TH STREET
CITY-ST-ZIP POMPANO BCH. FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: Onley E. Arnold ONLEY E. ARNOLD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00
Date

954-941-2452
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CD00024 (0/00)