2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

604989 DOCUMENT

1. Entity Name

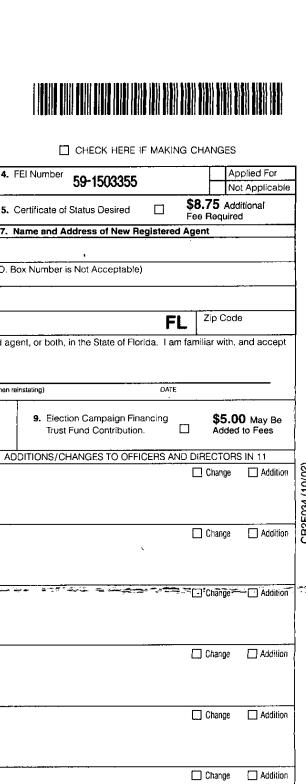
M.L. ARBOGAST, CPA, P.A.



Principal Place of Business Mailing Address 108 WEST NEW HAVEN AVENUE 108 WEST NEW HAVEN AVENUE MELBOURNE FL 32901-4303 MELBOURNE FL 32901-4303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-1503355 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARBOGAST, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 108 WEST NEW HAVEN AVE. MELBOURNE FL 32901 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NQTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE TITLE ☐ Delete ARBOGAST, MARK G NAME NAME 2410 S SCENIC DR STREET ADDRESS STREET ADDRESS MELBOURNCE FL 32901 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE HELTON, NORMA A. NAME NAME STREET ADDRESS STREET ADDRESS 109 LEE ROAD CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP Change Addition Delete TITLE TITLE ARBOGAST, MICHAEL L. NAME NAME STREET ADDRESS STREET ADDRESS 325 8TH AVE CITY-ST-ZIP INDIANLANTIC FL 32903 CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90736 048 ***150.00



12. 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

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MARKEG ARBUFAST ST 4-3-2003 321-723-5480