

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90068 024 ***550.00

DOCUMENT # 688156

1. Entity Name
ARNOLD & ASSOCIATES REALTY CORP.

Principal Place of Business

**4916 GALLEON CT.
 NEW PORT RICHEY FL 34652**

Mailing Address

**4916 GALLEON CT.
 NEW PORT RICHEY FL 34652**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2137809**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of Registered Agent

**ARNOLD, RICHARD W.
 6450 W HILLSBOROUGH AVE
 TAMPA FL 33618**

Name **Richard W Arnold**
 Street Address (P.O. Box Number is Not Acceptable) **4916 Galleon Ct.**
 City **New Port Richey FL** Zip Code **34652**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Delete
NAME	ARNOLD, GALE D	
STREET ADDRESS	6450 W HILLSBOROUGH AVE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ARNOLD, RICHARD W	
STREET ADDRESS	6450 W HILLSBOROUGH AVE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Arnold, Gale D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4916 Galleon Ct.	
STREET ADDRESS	New Port Richey Fla 34652	
CITY-ST-ZIP		
TITLE	Arnold Richard W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4916 Galleon Ct	
STREET ADDRESS	New Port Richey, Fla. 34652	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 prior attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **ves** **8.23.02 77848755**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)