## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 690866** 1. Entity Name ARTHUR CONSTRUCTION AND PLASTERING, INCORPORATED

## FILED May 01, 2001 8:00 am Secretary of State

05-01-2001 90123 025 \*\*\*150.00

Principal Place	of Business	Mailing Address		•				
Principal Place of Business  100 14TH STREET  DRANGE CITY FL 32763  JS		1100 14TH STREET ORANGE CITY FL 32763 US			0 x 0 1 % ()			
2. Principal Pla	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE			41411 1441
City & State	}	City & State		<b>4.</b> Fi	El Number <b>59-2268079</b>		Aps	olied For
Zip Country		Zip Country		•		ΦΩ	.75 Addi	: Apolicable
Σip			Country		ertificate of Status Desired	Fee	Required	
	6. Name and Address of Current I	Registered Agent	Name	7. N	ame and Address of New Re	gistered Age	nt	
ADTU	IUR, RICHARD L.					A.WATAN TI		
	14TH STREET		Street A	ddress (P.O. Bo	ox Number is Not Acceptable)	l		
ORAN	NGE CITY FL 32763						""	
			City				Zip Code	)
9. The above	named entity submits this statement fo	r the purpose of changing i	ts registered office o	r registered ago	ant or both in the State of Flor			<b>UF</b>
b. The above	Hathed entity subtilits this statement to	r the purpose or changing i	13 109:310104 0:1100 0	regioteroa ago	int, or both, in the oldie of the			
SIGNATURE _								
	Signature, typed or printed name of registered agent	and title if applicable. (N	DTE Registered Agent's gna	ure required when re	nstating)	DATE		
	oration is eligible to satisfy its Intangible		V!!! FEE IS \$150.	09	10. Election Campaign Fina	ancina	\$5.0	<b>0</b> May Be
Tay filing r					To. Election Call galgit fill	ancing		
_	requirement and elects to do so.		2001 Fee will be \$ able to Departmen		Trust Fund Contribution			to Fees
(See criter	ria en back)	Make Check Pay	2001 Fee will be \$ able to Departmer	it of State	Trust Fund Contribution	n.	Ådded	to Fees
_	·	Make Check Pay	able to Departmer	it of State		CERS AND DI	Ådded	to Fees
(See criter  11.  TITLE NAME	ria on back)   OFFICERS AND	Make Check Pay	able to Departmer  12.  TICLE  NAME	it of State	Trust Fund Contribution	CERS AND DI	Added	to Fees S IN 11
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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.