

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850504

1. Entity Name

ARVID, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90056 042 ***150.00

Principal Place of Business

WATER ST
HAVRE DE GRACE MD 21078

Mailing Address

WATER ST
HAVRE DE GRACE MD 21078

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0672219

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 New Registered Agent

SCHERPF, ARVID M. JR.
2504 88TH ST. CT., N.W.
BRADENTON FL 34209

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE Arvid M. Scherpf Jr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

3/15/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
SCHERPF, DONNA
723 WATER ST
HAVRE DE GRACE, MD 00000 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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SCHERPF, ARVID M.
723 WATER ST
HAVRE DE GRACE MD ☐ Delete

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

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CITY - ST - ZIP
V
SCHERPF, ARVID M., JR.
7604 PORTOSUENO AVENUE
BRADENTON FL ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donna R. Scherpf
Donna R. Scherpf Sec. / Treas.

3/28/00

410 939-2161

CR2E034 (9/99)