

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90184 018 \*\*\*150.00

**DOCUMENT # F88633**

**1. Entity Name**  
**LEE ARNOLD & ASSOCIATES, INC.**

**Principal Place of Business**

**121 NORTH OSCEOLA**  
**CLEARWATER FL 33755**

**Mailing Address**

**121 NORTH OSCEOLA**  
**CLEARWATER FL 33755**

**2. Principal Place of Business**

**17757 US 19 North**  
**Suite, Apt. #, etc. Ste 275**

**3. Mailing Address**

**17757 US 19 North**  
**Suite, Apt. #, etc. Ste 275**

**City & State**

**Clearwater, FL**

**City & State**

**Clearwater, FL**

**4. FEI Number**

**59-2199808**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ARNOLD, LEE E., JR.**  
**121 N. OSCEOLA AVE.**  
**CLEARWATER FL 34615**

**7. Name and Address of New Registered Agent**

**Name Lee E. Arnold, Jr.**

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

**17757 US 19 North**

**Suite 275**

**City Clearwater**

**FL**

**Zip Code 33764**

**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 Lee E. Arnold, Jr.**

**4-29-02**

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 \$150.00**  
**After May 1, 2002 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 STD**  
**NAME ARNOLD, LEE E., JR.**  
**STREET ADDRESS 121 NO OSCEOLA**  
**CITY-ST-ZIP CLEARWATER FL 33755**

**TITLE PD**  
**NAME DUFFY, PAT**  
**STREET ADDRESS 121 N OSCEOLA**  
**CITY-ST-ZIP CLEARWATER FL 33755**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE ST**  
**NAME Lee E. Arnold, Jr.**  
**STREET ADDRESS 17757 US 19 North, Suite 275**  
**CITY-ST-ZIP Clearwater, FL 33764**

**TITLE**  
**NAME Patrick Duffy**  
**STREET ADDRESS 2441 Weymouth Drive**  
**CITY-ST-ZIP Clearwater FL 33764**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**4-29-02 727 442 7184**

CR2E034 (9/01)