2002 UNIFORM BUSINESS REPORT (UBR)

Aug 20, 2002 8:00 am § Secretary of State F97000000512 DOCUMENT # 1. Entity Name 08-20-2002 90124 007 ***550.00 ARVIM, INC. Principal Place of Business Mailing Address 245 FISCHER AVE 245 FISCHER AVE B0134538 COSTA MESA CA 92626 COSTA MESA CA 92626 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 33-0737530 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RITCHEY, JAMES L Street Address (P.O. Box Number is Not Acceptable) 200 S ORANGE AVE SARASOTA FL 34236 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F **CEOP** ☐ Delete TITLE Change ☐ Addition NAME PASQUALE, DOUG NAME STREET ADDRESS 245 FISCHER AVE, D-1 STREET ADDRESS CITY-ST-7IP COSTA MESA FL 92626 CITY-ST-ZIP PRESIDENT, TREASURER TITLE ☐ Delete Change TITLE KHOURY, ABDO NAME STREET ADDRESS 245 FISCHER AVE, D-1 STREET ADDRESS CITY-ST-ZIE COSTA MESA CA 92626 CITY-ST-ZIP Delete TITLE TITLE __:-Addition ☐ Change WHEELER-MEDLEY, BERNARD NAME STREET ADDRESS 245 FISCHER AVE, D-1 STREET ADDRESS CITY-ST-ZIP COSTA MESA CA 92626 CITY-ST-ZIP VICE PRESIDENT, SECRETARY Addition TITLE ☐ Delete TITLE DOUGLAS ARMSTRONG NAME NAME 245 FISCHER AVE, D-1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS

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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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changed, or on an atta

SIGNATURE

FILED