

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

0566320

**DOCUMENT # F97000000746**

1. Entity Name  
**FLORIDA ARCO CONSTRUCTION COMPANY, INC.**

03-19-2001 90477 048 \*\*\*150.00

Principal Place of Business      Mailing Address  
 1750 S. BRENTWOOD BLVD., #701      1750 S. BRENTWOOD BLVD., #701  
 ST. LOUIS MO 63144      ST. LOUIS MO 63144



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 **43-1615415**      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  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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

DATE **3-13-01**

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, 2001 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	<b>CCEO</b>	<input type="checkbox"/> Delete
NAME	<b>ARNOLDY, RICHARD R</b>	
STREET ADDRESS	<b>1750 S. BRENTWOOD BLVD., #701</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63144</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>COOK, JEFFREY L</b>	
STREET ADDRESS	<b>1750 S. BRENTWOOD BLVD., #701</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63144</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete
NAME	<b>HOLSTE, STEPHEN F</b>	
STREET ADDRESS	<b>1750 S. BRENTWOOD BLVD., #701</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63144</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KOMLOS, JOHN A</b>	
STREET ADDRESS	<b>1750 S. BRENTWOOD BLVD., #701</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63144</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>LEWIN, THOMAS G</b>	
STREET ADDRESS	<b>1750 S. BRENTWOOD BLVD., #701</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63144</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRIDELL, CRAIG A</b>	
STREET ADDRESS	<b>1750 S. BRENTWOOD BLVD., #701</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63144</b>	

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LADD, MATTHEW I</b>	
STREET ADDRESS	<b>1750 S. BRENTWOOD BLVD., #701</b>	
CITY-ST-ZIP	<b>ST. LOUIS, MO 63144</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-14-01**

DAYTIME PHONE # **314-963-0715**

CR2E034 (10/00)