

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90119 006 ***150.00

DOCUMENT # F97000002312

1. Entity Name
ARC-TM, INC.



Principal Place of Business
**200 S. ANDREWS AVE. 11TH FLOOR
FT. LAUDERDALE FL 33301
US**

Mailing Address
**200 S. ANDREWS AVE. 11TH FLOOR
FT. LAUDERDALE FL 33301
US**

2. Principal Place of Business

3. Mailing Address

200 S. Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Legal Dept - 11th Floor

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33301

USA

4. FEI Number **65-0747699**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
SCHWARTZ, HOWARD
200 S. ANDREWS AVE.
FT. LAUDERDALE FL 33301** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RAMAEKERS, LAWRENCE
200 S. ANDREWS AVE, 11TH FLOOR
FT. LAUDERDALE FL 33301** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILLIAM N. Plamondon, III
200 S. Andrews Avenue, Fort Laud. FL 33301** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MOOR, WAYNE
200 S. ANDREWS AVE, 11TH FLOOR
FT. LAUDERDALE FL 33301** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TV
WILSON, LELAND
200 S. ANDREWS AVE, 11TH FLOOR
FT. LAUDERDALE FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/H/V ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
WOOD, MARY
200 S. ANDREWS AVE.
FORT LAUDERDALE FL 33301** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/VP
Douglas C. Laux
200 S. Andrews Avenue, Fortland, FL 33301** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: HOWARD D. Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-1-03

Daytime Phone #

954-320-4000

CR2E034 (10/02)