

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90118 049 ***150.00

DOCUMENT # **G59743**

1. Entity Name
A.R. & M. MANAGEMENT CORP.



Principal Place of Business
2510 N.W. 1ST AVENUE
BOCA RATON FL 33431

Mailing Address
2510 N.W. 1ST AVENUE
BOCA RATON FL 33431

22001352



2. Principal Place of Business
951 Broken Sand pkwy N.W.
Suite, Apt. #, etc.
SUITE 150
City & State
BOCA RATON, FL
Zip
33487
Country
U.S.

3. Mailing Address
951 Broken Sand pkwy N.W.
Suite, Apt. #, etc.
Suite 150
City & State
BOCA RATON, FL
Zip
33487
Country
U.S.

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **59-2330226** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
DAVIS, ROBERT E.
399 SENECA LANE
BOCA RATON FL 33487

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **(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 ☐ **\$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	P DAVIS, ROBERT 399 SENECA LANE BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, MARK 801 ENFIELD ST BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, MARK 801 ENFIELD ST BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, ARTHUR R JR. 840 COVENTRY STREET BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert E. Davis **1/30/03** **561-998-0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)