## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

ddress, with all other like empowered.

SIGNATURE:

## Mar 21, 2003 8:00 am Secretary of State **DOCUMENT #** J06950 1. Entity Name 03-21-2003 90081 049 \*\*\*158.75 ARCADE CARPET & TILE CO. Principal Place of Business Mailing Address 290 N WICKHAM ROAD 290 N WICKHAM ROAD MELBOURNE FL 32935 MELBOURNE FL 32935 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2651742 Not Applicable Zip Country 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 King, Thomas P Street Address (P.O. Box Number is Not Acceptable) KING, THOMAS P 1903 ATLANTIC ST <u>3B Venetian Way</u> #233 **MELBOURNE BEACH FL 32951** City Zip Code Indian Harbor Beach 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 32937 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change P Addition KING, THOMAS P., JR. NAME NAME 1903 ATLANTIC ST #233 King, Thomas P. Jr STREET ADDRESS STREET ADDRESS 3B Venetian Way CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP INdian Harbor Beach, F1 32937 Change TITLE ST ☐ Delete TITLE ☐ Addition NAME KING, ELAINE A. NAME King, Elaine A STREET ADDRESS 1903 ATLANTIC ST #233 STREET ADDRESS 3B Venetian Way CITY-ST-ZIP MELBOURNE FL --CITY-ST-ZIP INdian Harbor Beach, F1 32937 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT: F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ 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 CITY-ST-ZIP 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

P. Kine Dale

**FILED**