

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90035 022 ***150.00

00000329



DO NOT WRITE IN THIS SPACE

DOCUMENT # J24480			
1. Entity Name ARBCO, INC.			
Principal Place of Business 1324 AGUSTA NATIONAL BLVD WINTER SPRINGS FL 32708 US		Mailing Address 1324 AGUSTA NATIONAL BLVD WINTER SPRINGS FL 32708 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-2698224		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UHRIG, HAL 1477 FAIRBANKS SUITE 100 WINTER PARK FL 32789		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 _____ (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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME UHRIG, HAL STREET ADDRESS 1477 FAIRBANKS, STE 100 CITY-ST-ZIP WINTER PARK FL		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE P NAME BOESCH, A. RICHARD STREET ADDRESS 1324 AGUSTA NATIONAL BLVD CITY-ST-ZIP WINTER SPRINGS FL		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ST NAME BOESCH, JUJANA M. STREET ADDRESS 1324 AGUSTA NATIONAL BLVD CITY-ST-ZIP WINTER SPRINGS FL		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME BOESCH, A. RICHARD, JR. STREET ADDRESS 146 ROOSEVELT PLACE CITY-ST-ZIP MAITLAND FL		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete 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 an officer like empowered.			
SIGNATURE:		1/3/2001 407-977-1416	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)