2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am DOCUMENT # .124480 **Secretary of State** 1. Entity Name 03-06-2002 90014 043 ***150.00 ARBCO, INC. Principal Place of Business Mailing Address -1324 AGUSTA NATIONAL BLVD 1324 AGUSTA NATIONAL BLVD WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2698224 Not Applicable Zip 'Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UHRIG, HAL Street Address (P.O. Box Number is Not Acceptable) 815 ORIENTA DR. 1477 FAIRBANKS ALTA MONTE Spas. FL 32701 SUITE 100 WINTER PARK FL 32789 City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition ☐ Delete TITLE NAME UHRIG, HAL NAME STREET ADDRESS 1477 FAIRBANKS, STE 100 STREET ADDRESS CiTY-ST-ZIP WINTER PARK FL CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME **BOESCH, A. RICHARD** STREET ADDRESS STREET ADDRESS 1324 AGUSTA NATIONAL BLVD CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL TITLE Delete TITLE ☐ Change Addition NAME BOESCH, JUUANA M. NAME STREET ADDRESS STREET ADDRESS 1324 AGUSTA NATIONAL BLVD CITY-ST-7IP CITY-ST-ZIP WINTER SPRINGS FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition BOESCH, A. RICHARD, JR. NAME NAME STREET ADDRESS STREET ADDRESS 146 ROOSEVELT PLACE CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL Change ☐ Delete TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP 13. It 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 trusteel empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment