

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90053 019 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2698224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UHRIG, HAL
815 ORIENTA DRIVE
ALTAMONTE SPRINGS FL 32701

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, 2005 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

TITLE	D	<input type="checkbox"/> Delete
NAME	UHRIG, HAL	
STREET ADDRESS	815 ORIENTA DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOESCH, A. RICHARD	
STREET ADDRESS	1324 AGUSTA NATIONAL BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOESCH, JUJANA M.	
STREET ADDRESS	1324 AGUSTA NATIONAL BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOESCH, A. RICHARD, JR.	
STREET ADDRESS	146 ROOSEVELT PLACE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, WESLEY S	
STREET ADDRESS	840 NEUSE AVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05 407-977-1416