FILED Mar 31, 2003 8:00 am § Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** J24480 DOCUMENT # 1. Entity Name 03-31-2003 90241 034 ***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 HS 2. Principal Place of Business 3. Mailing Address 1324 AUGUSTA NATIONAL BUVD. 1324 AUGUSTA NATL Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2698224 WINTER SPIZINGS WINTER Not Applicable \$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 UHRIG, HAL Street Address (P.O. Box Number is Not Acceptable) **815 ORIENTA DRIVE** ALTAMONTE SPRINGS FL 32701 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. 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE ☐ Addition Change UHRIG, HAL NAME NAME 1477-FAIRBANKS, STE STREET ADDRESS STREET ADDRESS SEE Above #6 CITY-ST-7IP WINTER PARK FL CITY-ST-ZIP TITLE ☐ Delete TITE ☐ Change ☐ Addition NAME BOESCH, A. RICHARD NAME STREET ADDRESS _1324_AGUSTA_NATIONAL_BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BOESCH, JUUANA M. 1324 AGUSTA NATIONAL BLVD STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL CITY-ST-ZIP CITY-ST-7IP VΡ ☐ Defete TITLE Change Addition BOESCH, A. RICHARD, JR. NAME STREET ADDRESS 146 ROOSEVELT PLACE STREET ADDRESS CITY-ST-ZIE MAITLAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 pripowered.

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SIGNATURE: A SIGNATURE OF PRINTED NAME OF FIGURES OFFICER OF NUFERON DELLE

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