

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J30203

1. Entity Name

ARS GRATIA AURI, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90048 029 \*\*\*158.75

Principal Place of Business

422 WEST THIRD  
ANACONDA MT 59711  
US

Mailing Address

C/O GRUBER AND ASSOCIATES, P.A.  
1650 SOUTHEAST 17TH STREET #301  
FORT LAUDERDALE FL 33316-1735  
US

2. Principal Place of Business

422 WEST THIRD

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2716047

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM, REITER (M.)  
422 WEST THIRD  
ANACONDA FL

C/O GRUBER AND ASSOCIATES, P.A.  
1650 SOUTHEAST 17TH STREET, #301  
FORT LAUDERDALE, FL 33316-1735

7. Name and Address of New Registered Agent

Name

C/O GRUBER AND ASSOCIATES, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1650 SOUTHEAST 17TH STREET, #301

City

Fort Lauderdale

FL

Zip Code

33316-1735

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
REITER, WILLIAM M.  
422 WEST THIRD  
ANACONDA MT 59711

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM M. REITER

Date

Daytime Phone #

3/1/00 954-522-2112