2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K33842

1. Entity Name

ARSI HOLDINGS, INC.

Mailing Address Principal Place of Business 3320 HARDEE DR C/O CALDWELL TRUST CO 201 CENTER RD VENICE FL 34292 FANA 1090 VENICE FL 34292 US 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 65-0072188 Not Applicable Zip Zip Country Country \$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 CALDWELL, ROLAND G., JR Street Address (P.O. Box Number is Not Acceptable) 3320 HARDEE DR VENICE FL 34292 Zip Code City 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE KRAUT, MARYANN C NAME NAME **428 PALMETTO COURT** STREET ADDRESS STREET ADDRESS 2.p CITY-ST-ZIP CITY-ST-ZIP **VENICE FL** 34285 X Addition TITLE ☐ Delete TITLE Change PECHEUX, DEBORAH NAME NAME 1911 OAKHURST PARKWAY STREET ADDRESS STREET ADDRESS 77479 21p = CITY-ST-ZIP CITY-ST-7IP SUGARLAND TX DP TITLE Change ■ Addition TITLE ☐ Delete CALDWELL, ROLAND G., JR NAME NAME 3320 HARDEE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Delete TITLE Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TETLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Apr 18, 2001 8:00 am Secretary of State

04-18-2001 90050 015 ***158.75

CR2E034 (10/00)

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

4/18/01

Davtime Phone #