DOCUI	MENT # K83931 ARIE REALTY, INC.	NESS REPOR	T (UBR)		Apr 27, 2 Secreta	LED 2001 8:0 ry of Sta 0340 048 ***158	0 am ate	414911
Principal Place 6940 11TH AVE SAINT PETERSB US	NORTH	Mailing Address 6940 11TH AVE NORTH SAINT PETERSBURG FL 33710 US		1 181	1 14 20: 12100 14110 12100 12100 12	8: 8187: 8187: 4 181: 8181: 8181	# 840 11 1 60 1	
2. Principal Pl G 940 Suite, Apt.	lace of Business 1 HA AUE NO #, etc.	3. Mailing Address 6940 J.J. Suite, Apt. #, etc.	DUE WO		DO NOT WRITE	,, 2121; 2121; 2121; 2121; 2121; 2121;		
City & State S+ P8 Zip 33710		53710	Country O J US A		nber 59-2945596 ate of Status Desired nd Address of New Reg	\$8.75 Add Fee Require	oplied For ot Applicable ditional d	
1230 #3	/ORSEN, DAWN MARIE 70TH ST NO T PETERSBURG FL 33710		Street Address Co 9 40	(P.O. Box Nun	NARTE HO	ALVORSE	<u>~</u>	
SIGNATURE		MacA D'Awir ad the if applicable. (NOTE Ri	∩ M HAL ogistored Agent signature requi	UOR SE		da. 4/2//01		
Tax filing o	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND	After MAY 1, 2001 Wake Check Payable	FEE IS \$150.00 Fee will be \$550.00 to Department of St 12.	tate	Election Campaign Finar Trust Fund Contribution.	☐ Added	00 May Be d to Fees	
TITLS NAME STREET ADDRESS CATY-ST-ZAP	POB HALVORSEN, DAWN MARI 1230 70TH ST NO #3 SAINT PETERSBURG FL 33710	☐ Delete	TITLE NAME STREET ADDRESS CITY-SY-ZIP	TOITIDA	S/CHANGES TO OFFIC	□ Change	Addition	(10/00)
TITLE NAME STREE (ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SIMEET ADDRESS CITY-ST-ZIP			☐ Change	Addition	1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		C3 Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Change	Addition	
of the co	certify that the information supplied with d on this report or supplemental report is rporation or the receiver or trustee empore, or on an attachment with an address,	true and accurate and that my owered to execute this report as	signabire shall have th	a lenel ames ar	ffect as if made under or	oth: that I am an office	coedianatas	
SIGNAT	URE: 4 COUNTY SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER OF	M DAWN	M HALD	URS9 10 4/21/0	727 - 30 Dayome Phone #	15-183	7