

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90184 024 \*\*\*150.00

**DOCUMENT # L45032**

1. Entity Name  
**HUNNICUTT-ARNOLD, INC.**

Principal Place of Business

% LEE E. ARNOLD, JR.  
 121 N. OSCEOLA AVE.  
 CLEARWATER FL 33755

Mailing Address

% LEE E. ARNOLD, JR.  
 121 N. OSCEOLA AVE.  
 CLEARWATER FL 33755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17757 US 19 North

Suite, Apt. #, etc.  
 Suite 275

City & State  
 Clearwater, FL

Zip  
 33764

Country  
 USA

3. Mailing Address

17757 US 19 North

Suite, Apt. #, etc.  
 Suite 275

City & State  
 Clearwater, FL

Zip  
 33764

Country  
 USA

4. FEI Number  
 59-2993371

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, LEE E., JR.  
 121 N. OSCEOLA AVE.  
 CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name  
 Lee E Arnold, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
 17757 US 19 North

Suite 275

City  
 Clearwater

FL

Zip Code  
 33764

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 Lee E. Arnold, Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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, 2002 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	DT ARNOLD, LEE E., JR. 121 N. OSCEOLA AVE. CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP Lee E Arnold, Jr. 17757 US 19 North, Suite 275 Clearwater, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lee E. Arnold, Jr.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 727-442-7184

Date

Daytime Phone #

CR2E034 (9/01)