## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 22, 2000 8:00 am Secretary of State **DOCUMENT # L50389** 1. Entity Name ARNOLA, INC. 01-22-2000 90028 039 \*\*\*150.00 Principal Place of Business Mailing Address 500 AZALEA LANE 500 AZALEA LANE VERO BCH FL 32963-1830 VERO BCH FL 32964 00009262 HS 2. Principal Place of Business 3. Mailing Address 301 W.CAMINO GRDNS BLVD 301 W.CAMINO GRNDS BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 101 SUITE 101 Applied For City & State City & State 4. FEI Number 65-0172043 Not Applicable BOCA RATON, FL BOCA RATON, FL Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired 33432 USA Fee Required 33432 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEMPSEY, W. GLENN Street Address (P.O. Box Number is Not Acceptable) 505 S FLAGLER DR **SUITE 1330** WEST-PALM BEACH FL 33401 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. 12. **PSD** X Change **PSD** ☐ Addition ☐ Delete TITLE TITLE BAILEY, STEPHEN M. NAME BAILEY, STEPHEN M. 4500 PGA BLVD #200 STREET ADDRESS STREET ADDRESS 301 W.CAMINO GARDENS BLVD, #101 CiTY-ST-7IP CITY-ST-ZIP PALM BCH GRDENS FL BOCA RATON, FL 33432 X Change Delete TITLE VTD BAILEY, GARY S. NAME BAILEY, GARY S. 4500 PGA BLVD #200 STREET ADDRESS STREET ADDRESS 301 W.CAMINO GARDENS BLVD, #101 PALM BCH GRDENS FL CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR