

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90689 031 ***150.00

DOCUMENT # L69259

1. Entity Name

ARBUCKLE & ARBUCKLE, INC.

Principal Place of Business

**409 5TH AVE
INDIALANTIC FL 32903**

Mailing Address

**409 5TH AVE
INDIALANTIC FL 32903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3009516

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ARBUCKLE, KENNETH A
409 5TH AVE
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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

**PD
ARBUCKLE, KENNETH A
301 SHANNON
MELBOURNE BEACH FL**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VS**KAREN ARBUCKLE
301 SHANNON AVE
MELBOURNE BEACH FL 32951**☐ Change☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change☐ Addition

TITLE

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:

KAREN ARBUCKLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 321 984 1407

CR2E034 (9/01)