

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90368 012 ***150.00

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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

322 FIFTH AVE.

Suite, Apt. #, etc.

3. Mailing Address

(SAME) 322 5TH AVE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
INDIALANTIC, FL

City & State
INDIALANTIC, FL

4. FEI Number
59-3009516

Applied For
Not Applicable

Zip
32903

Country
USA

Zip
32903

Country
USA

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
KENNETH ARBUCKLE
Street Address (P.O. Box Number is Not Acceptable)
322 FIFTH AVE
City
INDIALANTIC FL Zip Code
32903

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ARBUCKLE, KENNETH A
301 SHANNON
MELBOURNE BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
ARBUCKLE, KAREN
301 SHANNON AVE
SEBASTIAN FL 32958 ☐ 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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

KENNETH ARBUCKLE 4/25/03 321-223-3232
Date Daytime Phone #

CR2E034 (10/02)