

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 FEB -5 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008459

1. Entity Name
ARCALL L.L.C.

Principal Place of Business
15373 ROOSEVELT BLVD., #203
CLEARWATER FL 33760-3507

Mailing Address
15373 ROOSEVELT BLVD., #203
CLEARWATER FL 33760-3507

2. Principal Place of Business
15373 ROOSEVELT BLVD
3. Mailing Address
15373 ROOSEVELT BLVD #203

Suite, Apt. #, etc.
#203

Suite, Apt. #, etc.
#203

City & State
CLEARWATER

City & State
CLEARWATER

Zip
FL

Country
33760-3507

Zip
FL

Country
33760-3507

4. FEI Number 59-3624077

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLURE, CHARLES A
701 BAYSHORE BLVD., SUITE 201
TAMPA FL 33606-2743

7. Name and Address of New Registered Agent

Name
MCCLURE CHARLES A
Street Address (P.O. Box Number is Not Acceptable)
701 BAYSH.
701 BAYSHORE BLVD SUITE #201
City TAMPA FL Zip Code 33606

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700003675117--3
-02/12/01--01142--021
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RICHARDSON, WILLIAM H
15373 ROOSEVELT BLVD SUITE 203
CLEARWATER FL 33760-3507

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
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STREET ADDRESS
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Change Addition

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TITLE
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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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)