2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 07, 2003 8:00 am Secretary of State

DOCUMENT # M66229  1. Entity Name ARC TECH CONSTRUCTION BY DESIGN, INC.					03-07-2003 90118 032 ***150.00		
2219 FLINT		Mailing Address 2219 FUNT DRIVE FORT MYERS FL 33916					
US		The state of the s	-	1 1881 8811 118 81118 81118 11118 11818 11818 11818 11818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 18	Bifil Orda (GO)		
Principal Place of Business     3. Mailing Address		3. Mailing Address					
Suige, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	CHECK HERE IF MAKING CHANGES		
City & State		City & Slate		! 0570022179	05-0022179		
Zip	Country	"Zip	Country	5. Certificate of Status Desired	ot Applicable ditional		
	" 6. Name and Address of Curren	Registered Agent		Fee Require 7. Name and Address of New Registered Agent	ed		
MICHAEL	R RUBIENSTEIN & ASSOCIATES		Name_				
	701 COLLEGE PARKWAY		Street Ac	dress (P.O. Box Number is Not Acceptable)			
FORT MY	'ERS FL 33919						
	•		City	FL Zip Code			
the obligation SIGNATURE		or the purpose of changing its	registered office or	registered agent, or both, in the State of Florida. I am familiar with,	and accept		
Afte Make Chec	Signeture, typed or printed name of registered agent FILE NOW!!! FEE IS \$150,00 or May 1, 2003 Fee will be \$550.00 k Psyable to Florida Department of		Registered Agent signatur	9. Election Campaign Financing \$5.00 Trust Fund Contribution.	O May Be to Fees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	3N 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BASSETT, JUDY 229 S.W. 37TH LANE CAPE CORAL FL 33914	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASSETT, RONALD E 229 S.W. 37TH LANE CAPE CORAL FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition		
STREET ADDRESS	VPST BASSETT, RONALD E 229 SW 37TH LN CAPE CORAL FL 33914	Delate	TITLE  NAME  STREET ADDRESS  - CITY-ST-ZIP	☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	ý	☐ Delate	IITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
ittle Name Street address City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change	☐ Addition .		
HITLE WAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with I	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition		

2. 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 and that my signature shall have the same legal effect as if made under eath; 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 REQUIRED

1/07/03 23

239-334-8611

Daytime Phone #