FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90361 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M70908

1. Entity Name
ANTHONY ARCULEO, INC.

Principal Place of Business	Mailing Address
~~5614 FORREST ST.~~ ~~HOLLYWOOD, FL 33021~~	~~5614 FORREST ST.~~ ~~HOLLYWOOD, FL 33021~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
524 EASTPORT DR.		524 EASTPORT DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LONGWOOD, FLORIDA		City & State: LONGWOOD, FLORIDA	
Zip: 32750	Country: U.S.	Zip: 32750	Country: U.S.

4. FEI Number: 65-0031325 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ARCULEO, ANTHONY T.
~~5614 FOREST ST.~~
~~HOLLYWOOD, FL 33021~~
524 EASTPORT DRIVE
LONGWOOD, FL 32750

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

SIGNATURE [signature] ANTHONY T. ARCULEO 4/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D	TITLE	☐ Change ☐ Addition
NAME	ARCULEO, ANTHONY T.	NAME	
STREET ADDRESS	~~5614 FORREST STREET~~ 524 EASTPORT DR.	STREET ADDRESS	
CITY-ST-ZIP	~~HOLLYWOOD, FL~~ LONGWOOD, FL 32750 ☐ Delete	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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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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] ANTHONY T. ARCULEO 4/16/03 407-695-0484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)