

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M82882**

1. Entity Name

**THEODORE J. ARPIN CONSTRUCTION, INC.****FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90027 038 \*\*\*550.00

02/13/01

Principal Place of Business <b>16130 LA COSTA DR WESTON FL 33326</b>	Mailing Address <b>16130 LA COSTA DR WESTON FL 33326</b>
---	---

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0051079**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**ARPIN, THEODORE J  
16130 LA COSTA DR  
WESTON, FL 33326**

## 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, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ARPIN, THEODORE J 16130 LA COSTA DR WESTON FL 33326</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRATZ, TED 2032 NE 26 ST WILTON MANORS FL 33305</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*THEODORE J. Arpin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/01

Daytime Phone #

954-3496092

CR2E034 (10/00)

Attachment DOC# M888888

AD085912

THEODORE J. ARPIN CONSTRUCTION, INC.  
16130 LA COSTA DRIVE  
WESTON, FL. 33326  
954 349 6092

CGC 038431

DIV. OF COMPENSATIONS  
REPORTS  
P.O. Box 1500  
TALL. FLA.

9/11/01 2.20 P.M.

To whom,

PLEASE NOTE THE ABOVE

REFERENCE TIME AND DATE, AS TO  
OUR TORMONDOUS NATIONAL TRAGEDY,  
I WAS NOT ABLE TO AIR COUNCIL  
THIS LAST FILING.

TOO ANGIN