

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000000354**

1. Entity Name

THE ARK, INC.**FILED****Apr 18, 2002 8:00 am**
Secretary of State

04-18-2002 90432 004 ****61.25

Principal Place of Business

Mailing Address

**WEST BAYLOOP ROAD
P.O. BOX 638
FREEPORT FL 32439****WEST BAYLOOP ROAD
P.O. BOX 638
FREEPORT FL 32439**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MOON, T C
BAYLOOP ROAD
FREEPORT FL 32439**

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **P** ☐ Delete
NAME **MOON, J.C. REV**
STREET ADDRESS **BAYLOOP RD., P.O. BOX 868**
CITY-ST-ZIP **FREEPORT FL 32439**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MOON, DAVID**
STREET ADDRESS **1004 BLACK CREEK BLVD**
CITY-ST-ZIP **FREEPORT FL 32439**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DAVIS, DWAYNE**
STREET ADDRESS **196 SPARKLEBERRY LANE**
CITY-ST-ZIP **FREEPORT FL 32439**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PAGE, ANGIE**
STREET ADDRESS **BAYLOOP RD PO BOX 868**
CITY-ST-ZIP **FREEPORT FL 32439**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02 (850) 835-2277

CR2E037 (9/01)