

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90726 019 ***150.00

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DOCUMENT # P00000009286

1. Entity Name
ARKE SPIRIT INC.

Principal Place of Business
773 103RD TERRACE
PEMBROKE PINES FL 33026

Mailing Address
773 103RD TERRACE
PEMBROKE PINES FL 33026



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9330 NW 14th St.
Pembroke Pines, FL.
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
9330 NW 14th St.
 Suite, Apt. #, etc.
 City & State
Pembroke Pines, FL

Zip
33024

Country
USA

Zip
33024

Country
USA

4. FEI Number **65-0983736**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEVERSON, JAMES B
773 NW 103RD TERR
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name **JAMES B. SEVERSON**
 Street Address (P.O. Box Number is Not Acceptable)
9330 NW 14th St.
 City **Pembroke Pines** **FL** Zip Code **33024**

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

3/30/02

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, 2002 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

TITLE **P** ☐ Delete
 NAME **SEVERSON, JAMES B**
 STREET ADDRESS **773 NW 103RD TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **VP** ☐ Delete
 NAME **SEVERSON, CARMEL M**
 STREET ADDRESS **773 NW 103RD TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **JAMES B. SEVERSON**
 STREET ADDRESS **9330 NW 14th St.**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE ☒ Change ☐ Addition
 NAME **Carmel Severson**
 STREET ADDRESS **9330 NW 14th St.**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02 954-494-4950

Date

Daytime Phone #

CR2E034 (9/01)