

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019060

1. Entity Name

ARRASMITH ENTERPRISES INC.

Principal Place of Business

357 6TH AVE. W.
BRADENTON FL 34205

Mailing Address

357 6TH AVE. W.
BRADENTON FL 34205

2. Principal Place of Business

3. Mailing Address

5616 24TH AVE E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto FL

Zip

Country

Zip

Country

34221

4. FEI Number

65-0983548

Applied For

Not Applicable

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

ARRASMITH, LARRY W
357 6TH AVE. W.
BRADENTON FL 34205

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARRASMITH, LARRY W 5616 24TH AVE. E. PALMETTO FL 34221	<input type="checkbox"/> Delete
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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, 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

4-29-02

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

1052

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 28 AM 8:01

CR2E034 (9/01)

LARRY W. ARRASMITH

Certified Building Contractor - License No. CBC 024096

5616 24th Avenue East * Palmetto, Florida 34221

Phone: 941-722-0644 * Cell 941-224-1777 * Fax 941-723-6995

2

DONNAS K ARRASMITH

LARRY W ARRASMITH

941-722-0644

5616 24th Ave E

Palmetto, FL 34221

434275

1864B

83-888/832

Pay to the
Order of

Department of State

\$ 150⁰⁰

One hundred and fifty

Regions Bank
FLORIDA

REFER TO MAKER

Donnas K Arrasmith

⑆063206663⑆ 59 2001 6403 1864 ⑆0000015000⑆

Note: Refer to maker on check does not mean that there was insufficient funds but that they were not available at the time of deposit. If the check had been deposited a second time it would have cleared.

Also due to the death of an immediate family member, my mother-in-law, this was not sent out on time.

Please find a bank check enclosed for \$165.00 for Arrasmith Enterprises.
Reference Number P00000019060

Thank You
Larry

Pat Bailey