



Amended

FILED

03 DEC -9 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000024265					
1. Entity Name A.R.M. DEVELOPMENT CORP. OF S.W. FL, INC.					
Principal Place of Business 4206 ENTERPRISE AVE., UNIT A-7 NAPLES, FL 34104			Mailing Address 4206 ENTERPRISE AVE., UNIT A-7 NAPLES, FL 34104		
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0985885	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELIAS, OVADIA R 4206 ENTERPRISE AVE., UNIT A-7 NAPLES, FL 34104			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			900025348099 12/09/03 - 01048-001 **\$1.25		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when submitting)</small>					
			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS, OVADIA R		NAME	ELIAS, OVADIA R	
STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7		STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7	
CITY-STATE-ZIP	NAPLES, FL 34104		CITY-STATE-ZIP	NAPLES, FL 34104	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE, MEIR		NAME	ALICE, MEIR	
STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7		STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7	
CITY-STATE-ZIP	NAPLES, FL 34116		CITY-STATE-ZIP	NAPLES, FL 34104	
TITLE	T	<input type="checkbox"/> Delete	TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIAS, AVIEL		NAME	ALIAS, AVIEL	
STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7		STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7	
CITY-STATE-ZIP	NAPLES, FL 34104		CITY-STATE-ZIP	NAPLES, FL 34104	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, GEORGE B		NAME	RICE, GEORGE B	
STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7		STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7	
CITY-STATE-ZIP	NAPLES, FL 34104		CITY-STATE-ZIP	NAPLES, FL 34104	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YITZHAK, RAHAMIM		NAME	YITZHAK, RAHAMIM	
STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7		STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7	
CITY-STATE-ZIP	NAPLES, FL 34104		CITY-STATE-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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 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 employees.					
SIGNATURE: <u>Roni</u>			11/25/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

CFR2034 (10/02)

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