

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90965 037 \*\*\*158.75

0445328 AV

**DOCUMENT # P00000042314**

1. Entity Name  
**ARCH WORLDWIDE, INC.**



Principal Place of Business  
**7709 ANDERSON RD  
TAMPA FL 33634**

Mailing Address  
**5673 SAILFISH DRIVE  
LUTZ FL 33549**

2. Principal Place of Business  
**7725 ANDERSON RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**5002 TORREY HILLS LN**  
Suite, Apt. #, etc.

City & State  
**TAMPA, FL**

City & State  
**LUTZ, FL 33558**

Zip  
**33634** Country  
**USA**

Zip  
**33558** Country  
**US**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3641923**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AGARWAL, SANJAY  
5673 SAILFISH DRIVE  
LUTZ FL 33549**

**7. Name and Address of New Registered Agent**

Name  
**SANTAY AGARWAL**

Street Address (P.O. Box Number is Not Acceptable)

**5002 TORREY HILLS LN.**

City  
**LUTZ** FL Zip Code  
**33558**

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 **SANTAY AGARWAL**

DATE  
**04/28/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHADHA, SANJEEV S 5673 SAILFISH DR LUTZ FL 33549</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD AGARWAL, SANJAY 5673 SAILFISH DR LUTZ FL 33549</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. SANJEEV S. CHADHA 5002 TORREY HILLS LN. LUTZ, FL 33558</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD. SANTAY AGARWAL 5002 TORREY HILLS LN. LUTZ, FL 33558</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: **SANTAY AGARWAL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**04/28/03** 813-8899585  
Daytime Phone #

CR2E034 (10/02)