

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92208 038 ***150.00

DOCUMENT # P00000047874

1. Entity Name
THOMAS F. ARENDS HAULING, INC.



Principal Place of Business
**16930 NELSON RD
BROOKSVILLE FL 34610**

Mailing Address
**16930 NELSON RD
BROOKSVILLE FL 34610**



2. Principal Place of Business

16930 Nelson Rd
Suite, Apt. #, etc.

3. Mailing Address

16930 Nelson Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Brooksville Fla.

City & State
Brooksville Fla.

4. FEI Number
59-3642661

Applied For
☐ Not Applicable

Zip
34610 Country
U.S.A.

Zip
34610 Country
U.S.A.

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

6. Name and Address of Current Registered Agent

ARENDS, MICHAELNE F
8727 ROSEANNE BLVD.
NEW PORT RICHEY FL 34654
Address changed of current Agent

7. Name and Address of New Registered Agent

Name
Michaelene Arends
Street Address (P.O. Box Number is Not Acceptable)
16930 Nelson Rd.
City
Brooksville FL Zip Code
34610

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARENDS, THOMAS F 8727 ROSEANNE BLVD. NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVD ARENDS, MICHAELNE 8727 ROSEANNE BLVD NEW PORT RICHEY FL 34654	<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
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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: *Thomas Arends* **THOMAS ARENDS** 4-24-03 (727-919-6622)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)