

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-16-2003 90258 014 ***150.00

DOCUMENT # P00000054708

1. Entity Name
ARVON, INC.



Principal Place of Business
8243 CORAL CREEK LOOP
HUDSON FL 34667

Mailing Address
8243 CORAL CREEK LOOP
HUDSON FL 34667

55039592



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3650136

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZELLAR, CHRISTIAN
929 WESTWINDS BLVD.
TARPOON SPRINGS FL 34689

Name: Douglas J. Amidon
Street Address (P.O. Box Number is Not Acceptable): 6008 main Street
City: New Port Richey FL Zip Code: 34653

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

Douglas J. Amidon

(NOTE: Registered Agent signature required when reinstating)

DATE

5/7/03

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: ID
NAME: CAVEGN, ARTHUR
STREET ADDRESS: 8243 CORAL CREEK LOOP
CITY-ST-ZIP: HUDSON FL 34667 ☐ Delete

TITLE: Secretary / Treasurer
NAME: KARIN A. MASSUR
STREET ADDRESS: 421 Cobblestone Drive
CITY-ST-ZIP: Spring Hill FL 34606 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)