

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90394 044 \*\*\*150.00

DOCUMENT # P00000069762

1. Entity Name

FLORIDA HOME TRUST GROUP, INC.

Principal Place of Business

Mailing Address

931 N SR 434 PMB #202  
ALTAMONTE SPRINGS FL 32714

931 N SR 434 PMB #202  
ALTAMONTE SPRINGS FL 32714

00041001

2. Principal Place of Business

645 PEACHWOOD DRIVE

3. Mailing Address

931 N. SR 434

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

SUITE 1201-202

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

4. FEI Number

59-3661275

Applied For

Not Applicable

Zip

32714

Country

SEMIWOLE

Zip

32714

Country

SEMIWOLE

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

ARNOLD, G ROBERT JR

931 N SR 434 PMB #202 645 PEACHWOOD DRIVE  
ALTAMONTE SPRINGS FL 32714 SUITE D,

Name

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

645 PEACHWOOD DRIVE  
SUITE D

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)

G. ROBERT ARNOLD, JR., REG. AGENT 4/21/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ARNOLD, G ROBERT JR	
STREET ADDRESS	931 N SR 434 PMB #202 SUITE 1201-202	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTE-ARNOLD, G ROBERT JR SANDRA	
STREET ADDRESS	931 N SR 434 PMB #202 SUITE 1201-202	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	931 N. SR 434 SUITE 1201-202
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTE-ARNOLD, SANDRA
STREET ADDRESS	931 N. SR 434, SUITE 1201-202
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 or 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

G. ROBERT ARNOLD, JR., PRESIDENT 4/21/01 407-389-7318

Date

Daytime Phone #

CR2E034 (10/00)