

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90054 026 ***150.00

DOCUMENT # P00000080841

1. Entity Name

THE EIGHT, INCORPORATED

Principal Place of Business

616 3RD AVE S
ST PETERSBURG FL 33704

Mailing Address

616 3RD AVE S
ST PETERSBURG FL 33704

2. Principal Place of Business

11601 4th Street N

Suite, Apt. #, etc.

Apartment # 503

City & State

St. Petersburg, FL

Zip

33716

Country

Pinellas

3. Mailing Address

11601 4th St. N

Suite, Apt. #, etc.

Apartment # 503

City & State

St. Petersburg, FL

Zip

33716

Country

Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3670215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOUX, GIVEN C
616 3RD AVE S
ST PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name **ArnouX, Given C**

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

11601 4th Street North Apt 503

St. Peters

City **St Petersburg**

FL

Zip Code

33716

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

Given C. Arnoux

Given C. Arnoux

4.9.01

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete
NAME **DPS**
STREET ADDRESS **ARNOUX, GIVEN C**
CITY-ST-ZIP **616 3RD AVE S**
ST PETERSBURG FL 33704

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **DPS**
STREET ADDRESS **ArnouX, Given C**
CITY-ST-ZIP **11601 4th St N Apt 503**
St. Petersburg, FL 33716

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Given C. Arnoux

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.9.01 (727) 568-0217

Date

Daytime Phone #

CR2E034 (10/00)