

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90335 037 ***150.00

MARKET AV

DOCUMENT # **P0000082552**

1. Entity Name
ARU BUSINESS SERVICES, P.A.



Principal Place of Business
**1535 N DIXIE HWY
LUTZ FL 33549**

Mailing Address
**19323 AQUA SPRINGS DR
LUTZ FL 33549**

2. Principal Place of Business
**7505 ALLOWAY ST
TAMPA FL 33625**

3. Mailing Address
**19102 HARBOR COVE CT.
LUTZ FL**

City & State
FL

City & State
FL

4. FEI Number **59-3665366**

Applied For
Not Applicable

Zip **33625** Country **HILLSBOROUGH**

Zip **33558** Country **HILLSBOROUGH**

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORAT, RON
7611 LUTZ LAKE FERN RD.
ODESSA FL 33556**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

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

RON PORAT **REGISTERED AGENT + PRESIDENT** **1/21/03**
(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	P <input type="checkbox"/> Delete
NAME	PORAT, RON
STREET ADDRESS	19323 AQUA SPRINGS DR
CITY-ST-ZIP	LUTZ FL 33549
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED RON PORAT PRESIDENT 1/21/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **813-767-2924**

CR2E034 (10/02)