

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085387

1. Entity Name
ARISAR, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90032 023 ***150.00

Principal Place of Business
8437 TALLAHASSEE DR NE
ST PETERSBURG FL 33702

Mailing Address
8437 TALLAHASSEE DR NE
ST PETERSBURG FL 33702

2. Principal Place of Business
2331 Belleair Rd.
Suite, Apt. #, etc.
D

3. Mailing Address
2331 Belleair Rd.
Suite, Apt. #, etc.
D

City & State
Clearwater, FL
Zip
33764
Country
USA

City & State
Clearwater, FL
Zip
33764
Country
USA

4. FEI Number
59-3668227

Applied For
Not Applicable

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

BEATTY, MICHAEL
8437 TALLAHASSEE DR NE
ST PETERSBURG FL 33702

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
BEATTY, LAUREL
STREET ADDRESS
8437 TALLAHASSEE DR NE
CITY-ST-ZIP
ST PETERSBURG FL 33702

☐ Delete

TITLE
P
NAME
Mike Beatty
STREET ADDRESS
~~2331 Belleair Rd.~~
CITY-ST-ZIP
Clearwater, FL 33764

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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

President 4/25/01 727-536-9465

Date

Daytime Phone #

CR2E034 (10/00)