

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035715

1. Entity Name

ARCHIBALD BUSINESS SYSTEMS, INC.



FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90133 013 ***150.00

0109010
AV 2086010

Principal Place of Business
5229 CEDAR HAMMOCK DR.
SARASOTA FL 34232

Mailing Address
5229 CEDAR HAMMOCK DR.
SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1090923

Applied For
Not Applicable

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

ARCHIBALD, CHARLES G
5229 CEDAR HAMMOCK DR.
SARASOTA FL 34232

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

Charles G. Archibald

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 D ☐ Delete
NAME ARCHIBALD, CHARLES G
STREET ADDRESS 5229 CEDAR HAMMOCK DR.
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE D ☐ Delete
NAME ARCHIBALD, PAULA K
STREET ADDRESS 5229 CEDAR HAMMOCK DR.
CITY-ST-ZIP SARASOTA, FL 34232

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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:

Charles G. Archibald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment # 90147188
P0100035715

ABS

Archibald Business Systems, Inc.

P.O. Box 7154
Sarasota, Florida 34278

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS;

THIS IS TO INFORM YOU THAT THE FIRST NOTICE FROM YOU WAS
RECEIVED ON JULY 18, 2003.

ENCLOSED IS A CHECK FOR THE AMOUNT OF 150.00.

THANK YOU,

Paula K Archibald

PAULA K ARCHIBALD