

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90014 024 \*\*\*150.00

80033696

DOCUMENT # **P01000051623**

1. Entity Name **ARLEC CONSUMER PRODUCTS, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>207 - 150<sup>TH</sup> AVE</b>		3. Mailing Address <b>207 - 150<sup>TH</sup> AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MADEIRA BEACH, FL</b>		City & State <b>MADEIRA BEACH, FL</b>	
Zip <b>33708</b>	Country <b>US</b>	Zip <b>33708</b>	Country <b>US</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>59-3721603</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name <b>RONALD J. HAMILTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>13920 DANIELLE CT</b> City <b>SEMINOLE</b> FL Zip Code <b>33776</b>	

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 **Ronald J. Hamilton**

**2/14/03**

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP PAUL FAVRETTO 100 SO ASHLEY DR TAMPA, FL 33602</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DVP PHILIP TRANCHETTA 100 SO ASHLEY DR TAMPA, FL 33602</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DS RONALD HAMILTON 13920 DANIELLE CT SEMINOLE, FL 33776</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald J. Hamilton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/03**

Date

**727-319-6866**

Daytime Phone #

CR2E034B (12/02)