

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000064330

FILED
Jul 07, 2002 8:00 AM
Secretary of State

Entity Name: ARCUSSTONE OF FLORIDA, INC.

Current Principal Place of Business:

1210 W. ROBINSON ST.
ORLANDO, FL 32805

New Principal Place of Business:

629 LASALLE DRIVE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1210 W. ROBINSON ST.
ORLANDO, FL 32805

New Mailing Address:

629 LASALLE DRIVE
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3727720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONE, JAMES R
3188 OAK LN.
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

HAMEL, KEITH L
629 LASALLE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

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: KEITH L. HAMEL

07/07/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MARSHALL, S. DEAN
Address: 1210 W. ROBINSON ST.
City-St-Zip: ORLANDO, FL 32805

Title: DVS () Delete
Name: HAMEL, KEITH T
Address: 1210 W. ROBINSON ST.
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: LEONE, JAMES R
Address: 3188 OAK LN.
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: HAMEL, KEITH L
Address: 629 LASALLE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DVS (X) Change () Addition
Name: HAMEL, KEITH T
Address: 629 LASALLE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change () Addition
Name: HAMEL, KEITH L
Address: 629 LASALLE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH L. HAMEL

DPT

07/07/2002

Electronic Signature of Signing Officer or Director

Date