

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

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90044 004 \*\*\*150.00

DOCUMENT # P01000064330

1. Entity Name **ARCUSSTONE OF FLORIDA, INC.**



**DO NOT WRITE IN THIS SPACE**

**90100597**

2. Principal Place of Business  
**105 WEST EVANS STREET**

Suite, Apt. #, etc.

3. Mailing Address  
**105 WEST EVANS STREET**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number **59-3727720**

Applied For  
Not Applicable

Zip  
**32804**

Country

Zip  
**32804**

Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **DAVIS, GLENN R.**

Street Address (P.O. Box Number is Not Acceptable)  
**105 WEST EVANS STREET**

City **ORLANDO** State **FL** Zip Code **32804**

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.

(NOTE: Registered Agent signature required when terminating)

DATE

**4-15-03**

**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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **HAMEL, KEITH L**  
STREET ADDRESS **629 LASALLE DRIVE**  
CITY-STATE-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **D**  
NAME **DAVIS, GLENN R**  
STREET ADDRESS **105 WEST EVANS STREET**  
CITY-STATE-ZIP **ORLANDO, FL 32804**

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-03**

Date

Daytime Phone #

CR2E034B (12/02)