

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90157 010 ***150.00

DOCUMENT # P01000077234

1. Entity Name
ARBOGAST INC.



Principal Place of Business
1800 THE GREENS WAY, SUITE 1406
JACKSONVILLE BEACH FL 32250

Mailing Address
1800 THE GREENS WAY, SUITE 1406
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

16950 N BAY RD
Suite, Apt. #, etc.
#505

3. Mailing Address

16950 N BAY RD
Suite, Apt. #, etc.
#505

City & State
SUNNY ISLES BEACH, FL

City & State
SUNNY ISLES BEACH, FL

Zip
33160

Country

Zip
33160

Country

4. FEI Number **59-3736097**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **JAMES ARBOGAST**

Street Address (P.O. Box Number is Not Acceptable)

16950 NORTH BAY RD #505

City **SUNNY ISLES BEACH, FL** **Zip Code** **33160**

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]*
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE **3/2/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **PSTD** ☐ **Delete**
NAME **ARBOGAST, JAMES D**
STREET ADDRESS **1800 THE GREENS WAY, SUITE 1406**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **16950 NORTH BAY RD #505**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

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

TITLE ☐ **Change** ☐ **Addition**
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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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/2/03** **DAYTIME PHONE #** **305-940-6623**

CR2E034 (10/02)