

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000113845

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: ARACHNIDS CORPORATION OF AMERICA

Current Principal Place of Business:

4847 SOUTHLAND DR.
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1131
NOKOMIS, FL 34274

New Mailing Address:

P.O. BOX 272
LAUREL, FL 34272

FEI Number: 35-2158316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBARROS, REGIS
4847 SOUTHLAND DR.
SARASOTA, FL 34231

Name and Address of New Registered Agent:

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: _____

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: D () Delete
Name: DEBARROS, RAUL
Address: P.O. BOX 19212
City-St-Zip: SARASOTA, FL 34276

Title: D () Delete
Name: DEBARROS, GENOVEVA
Address: P.O. BOX 19212
City-St-Zip: SARASOTA, FL 34276

Title: DP () Delete
Name: DEBARROS, REGIS
Address: P.O. BOX 1131
City-St-Zip: NOKOMIS, FL 34274

Title: DV () Delete
Name: ANGELDONIS, VICTORIA
Address: P.O. BOX 1131
City-St-Zip: NOKOMIS, FL 34274

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: DEBARROS, REGIS
Address: P.O. BOX 271
City-St-Zip: LAUREL, FL 34272

Title: DV (X) Change () Addition
Name: ANGELDONIS, VICTORIA
Address: P.O. BOX 271
City-St-Zip: LAUREL, FL 34272

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: REGIS DEBARROS

DP

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date