

02-03

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000119078**

1. Entity Name

Vincent Arnette, P.A.



FILED

03 MAY 16 AM 7:56

SECTION 200.3F STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1948 Harrison St.

3. Mailing Address

1948 Harrison St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500020257115  
05/29/03--01074--024 \*\*300.00

DO NOT WRITE IN THIS SPACE

City & State  
Hollywood, FLCity & State  
Hollywood, FL4. FBI Number  
65-1159599Applied For  
Not ApplicableZip  
33020Country  
USAZip  
33020Country  
USA5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee RequiredDO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Vincent Arnette

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

1948 Harrison St.

City Hollywood

FL Zip Code  
33020

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

4/30/03

Signature, name and printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when registering.

DATE

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Owner<br>Vincent Arnette                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 1948 Harrison St.<br>Hollywood, FL 33020 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

DO NOT WRITE  
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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)(b), 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 duly empowered.

SIGNATURE:

4/30/03

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

File Line Number #

CR2E0348 (12/02)

5/12

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

DOCUMENT #

1. Entity Name

Vincent Arnette, P.A.



2002

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1948 Harrison St.**

Suite, Apt. #, etc.

3. Mailing Address  
**1948 Harrison St.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Hollywood, FL**

City & State  
**Hollywood, FL**

4. FEI Number **65-1159599**

Applied For  
☐ Not Applicable

Zip  
**33020**

Country  
**USA**

Zip  
**33020**

Country  
**USA**

5. Certificate of Status Declared ☐

**\$8.75** Additional  
Fees Required

**DO NOT WRITE  
IN THIS SPACE**

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

Name **Vincent Arnette**

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

**1948 Harrison St.**

City **Hollywood**

**FL**

Zip Code  
**33020**

8. This 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, based on personal knowledge of registered agent and filer if applicable)

(NOTE: Registered Agent Signature required when re-registering)

4/30/03

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Owner  
Vincent Arnette**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**1948 Harrison St.  
Hollywood, FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 or other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

DATE

Corporate Seal #

CRZE0348 (12/02)