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2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

P01871 DOCUMENT #



FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90318 023 ***150.00

ARNOLD		COMPANY, INC.					04-30-2003	90318	<i>123</i> 130.	00
Principal Place 55 PARADISE BAYSHORE N	LANE	ss	Mailing Address 55 PARADISE LI BAYSHORE NY	ANE	:					,
US		<u></u>								
2. Principal F		ness In	3. Mailing Addre	ર						
Suite, Apt.	#, etc.		Suite, Apt. #, e	etc.			CHECK HER	E IF MAKII	NG CHANGES	
Bay Shore M			City & State SAME			4. F	El Number 06-110708	7	 	pplied For ot Applicable
· Zip 🖊	706	Country USA	Zip Am		ountry Ame	5. (Certificate of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Current	Registered Agent			7. N	lame and Address of New	Registere	d Agent	
OT 0000	ODATION C	OVOTELA			Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)					
PLANTAT	10N FL 333	124			}					
					City			F	Zip Cod	ie
	e named entit		or the purpose of cha	anging its regis	stered office or r	registered age	ent, or both, in the State of	Florida. I a	m familiar with,	and accept
SIGNATURE	_	_								,
ORGINATOTIC			100 0 0 10		 					 - [
	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Regis	stered Agent signature	e required when re	instating)	DATE		
F	Signature, typed	!! FEE IS \$150.00	and title if applicable.	(NOTE: Regis	stered Agent signature	e required when re	9. Election Campaign			00 May Be
F Afte	Signature, typed FILE NOW!! or May 1, 200			(NOTE: Regis	stered Agent signature	e required when re		Financing	\$5.0	00 May Be
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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)(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:

Daytime Phone #