

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

**FILED  
Jan 31, 2003 8:00 am  
Secretary of State**

01-31-2003 90091 037 \*\*\*150.00

DOCUMENT # P02000012554

1. Entity Name

ARTHUR CONSULTING, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
410 CAPISTRANO DRIVE

3. Mailing Address  
410 CAPISTRANO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PALM BEACH GARDENS, FL

City & State  
PALM BEACH GARDENS, FL

4. FEI Number  
47-0862785

Applied For  
Not Applicable

Zip  
33410

Country  
USA

Zip  
333410

Country  
USA

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  
ARTURO CRAIG

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

City PALM BEACH GARDENS FL Zip Code 33477

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: *Arturo Craig*

ARTURO CRAIG, PRESIDENT

01/22/03

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 P/D  
NAME ARTURO CRAIG  
STREET ADDRESS 410 CAPISTRANO DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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**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 all other like empowered.

SIGNATURE: *Arturo Craig*

ARTURO CRAIG, PRESIDENT

01/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)