

FILED
May 02, 2003 8:00 am
Secretary of State

04-18-2003 90198 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000041294

1. Entity Name
2430 HOLDING COMPANY



Principal Place of Business
695 TARPON BAY RD STE 7
SANIBEL ISLAND FL 33957

Mailing Address
P.O. BOX 716
SANIBEL ISLAND FL 33957

00000011



2. Principal Place of Business

3. Mailing Address

2430 Periwinkle Way

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Sanibel Island, FL

City & State

4. FEI Number

61-141-0383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMINIA, JOHN
695 TARPON BAY RD STE 7
SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

Name

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

2430 Periwinkle Way Suite B

City

FL

Zip 33957

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
ARMENIA, JOHN
695 TARPON BAY RD STE 7
SANIBEL ISLAND FL 33957 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
Armenia, John
2430 Periwinkle Way Suite B
Sanibel Island, FL 33957 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Armenia, Lucy
2430 Periwinkle Way-Suite B
Sanibel, FL 33957 ☐ Change ☒ Addition

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

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

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

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

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 PROVIDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucy Armenia, Secy 04/15/03 239-395-9321

Date

Daytime Phone #

CR2E034 (10/02)