

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90047 009 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                                                                  |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> P02000061217                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                 |                                                                                                                                          |
| 1. Entity Name<br>ARM-P HAULING INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                                  |                                                                                                                                          |
| Principal Place of Business<br>115 SE 19TH LANE<br>CAPE CORAL FL 33990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | Mailing Address<br>115 SE 19TH LANE<br>CAPE CORAL FL 33990                                                                       |                                                                                                                                          |
| 2. Principal Place of Business<br>2705 SW 28 AV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | 3. Mailing Address<br>2705 SW 28 AV                                                                                              |                                                                                                                                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | Suite, Apt. #, etc.                                                                                                              |                                                                                                                                          |
| City & State<br>CAPE CORAL, FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | City & State<br>CAPE CORAL, FLORIDA                                                                                              |                                                                                                                                          |
| Zip<br>33914                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country<br>USA                                                                                            | Zip<br>33914                                                                                                                     | Country<br>USA                                                                                                                           |
| 6. Name and Address of Current Registered Agent<br>MCLEOD, RODERICK D<br>2407 EAST MALL DRIVE<br>FT. MYERS FL 33901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                                                                          |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                                                                                                  |                                                                                                                                          |
| FILE NOW!!! FEE IS \$550.00<br>After September 10, 2003 Fee will be \$750.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                  |                                                                                                                                          |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                            |                                                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>PEREZ, ARMANDO<br>115 SE 19TH LANE<br>CAPE CORAL FL 33990 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | D<br>PEREZ ARMANDO<br>2705 SW 28 AV<br>CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>SIGNATURE REQUIRED</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | 8-10-03 (329) 772-8265                                                                                                           |                                                                                                                                          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | Date Daytime Phone #                                                                                                             |                                                                                                                                          |

**55055763**

☒ CHECK HERE IF MAKING CHANGES

CF2E034 (4/03)

Attachment

55155763

#P02000061217

FROM: ARMANDO PEREZ  
ARM-P. HAULING  
2705 SW 28 AV  
CAPE CORAL, FL 33914

DEAR DIVISION OF CORPORATIONS:

I DIDN'T RECEIVE MY PREVIOUS  
BUSINESS REPORT BECAUSE I MOVED  
TO A NEW ADDRESS.

I DID GET MY SECOND ONE  
BECAUSE, NOW, THE POST OFFICE  
IS RE-ROUTING MY MAIL TO THE  
NEW ADDRESS.

I HAVE A VERY SMALL  
BUSINESS AND I WILL APPRECIATE  
IF YOU TAKE THE CHECK THAT  
I INCLUDED TO PAY FOR THIS  
YEAR'S REPORT.

THANK YOU

Trully Yours;

Armando Perez