

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90134 014 ***150.00

0001787 AV

DOCUMENT # P02000071623

1. Entity Name

R & P ARCH, INC.



Principal Place of Business

2233 SOUTHBROOK DRIVE
ORANGE PARK FL 32003

Mailing Address

2233 SOUTHBROOK DRIVE
ORANGE PARK FL 32003

2. Principal Place of Business

1524 CR 220

3. Mailing Address

1524 CR 220

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

32003

Country

Zip

32003

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

54-2066-368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOLAN, JAMES A

50 NORTH LAURA STREET

3300

JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

JAMES A. NOLAN, P.A.

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

1917 WOOD MEDE DR.

City

JACKSONVILLE

FL

Zip Code

32210

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D/P
RICHARD A. ARCHAMBAULT, JR.
1524 CR 220 Suite 4
ORANGE PARK, FL 32003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D/V/S
PEGGY L. ARCHAMBAULT
1524 CR 220 Suite 4
ORANGE PARK, FL 32003

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:

Richard A. Archambault Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/03

Daytime Phone #

904-269-7200

CR2E034 (10/02)