

# 2003 FOR PROFIT CORPORATE UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000073989

1. Entity Name  
CYMRU SERVICES, INC



FILED

03 JUN 16 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
WYTON LAKES, BANKS END, HUNTINGTON  
CAMBRIDGE, PE28 -2AA UK

Mailing Address  
WYTON LAKES, BANKS END  
HUNTINGTON, CAMBS PE

2. Principal Place of Business

3. Mailing Address

3501 W. Vine St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 344

City & State

City & State

Kissimmee, FL

Zip

Country

Zip

34741

Country

U.S.



☒ CHECK HERE IF MAKING CHANGES

03

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, BRIAN  
7394 WEST GULF TO LAKE HIGHWAY  
CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent

Name

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

City

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

*Brian Arnold*

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

(NOTE: Registered Agent signature required when reinstating)

04-29-03

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 P  
NAME ARNOLD, BRIAN W  
STREET ADDRESS 7394 WEST GULF TO LAKE HIGHWAY  
CITY-STATE-ZIP CRYSTAL RIVER, FL 34429

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

000020375820  
06/18/03--01058--001 \*\*\*150.00

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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:

*Brian Arnold* Brian Arnold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-03 407-248-0800

Date

Daytime Phone #

CR2E034 (10/02)