

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90035 034 ***150.00

DOCUMENT # P02000117635

1. Entity Name
ARIENCO, INC.



Principal Place of Business
**7699 CAMERON CIRCLE
FT.MYERS FL 33912**

Mailing Address
**7699 CAMERON CIRCLE
FT.MYERS FL 33912**

400002731



2. Principal Place of Business
7699 Cameron Circle
Suite, Apt. #, etc.

3. Mailing Address
7699 Cameron Circle
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ft Myers, FL
Zip
33912 Country
USA

City & State
Fort Myers FL
Zip
33912 Country
USA

4. FEI Number
45-0489318

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEIERLE
BEIERLE, SCOTT F
7699 CAMERON CIRCLE
FT.MYERS FL 33912**

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

(NOTE: Registered Agent signature required when reinstating)

1/05/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BEIERLE, SCOTT F**
STREET ADDRESS **7699 CAMERON CIRCLE**
CITY-ST-ZIP **FT.MYERS FL 33912**

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

TITLE **VP** ☐ Delete
NAME **BEIERLE, BERNIE**
STREET ADDRESS **2507 AVE D EAST**
CITY-ST-ZIP **BISMARCK ND 58507**

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

TITLE **S.T** ☐ Delete
NAME **BEIERLE, CONNIE**
STREET ADDRESS **7699 CAMERON CIRCLE**
CITY-ST-ZIP **ST.MYERS FL 33912**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *SCOTT BEIERLE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/03 239-225-9142
Date Daytime Phone #

CR2E034 (10/02)