

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90099 014 \*\*\*150.00

0311308

**DOCUMENT # P41037**

1. Entity Name  
**VAN ARNEM COMPANY**

Principal Place of Business <b>1301 W. NEWPORT CENTER DRIVE          DEERFIELD BEACH FL 33442          US</b>	Mailing Address <b>1301 W. NEW PORT CENTER DR.          DEERFIELD BEACH FL 33432          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>600 W. Hillsboro Blvd.</b>	3. Mailing Address <b>600 W. Hillsboro Blvd</b>
Suite, Apt. #, etc. <b>Suite 102</b>	Suite, Apt. #, etc. <b>Suite 102</b>

City & State <b>Deerfield Beach, FL.</b>	City & State <b>Deerfield Beach, FL.</b>	4. FEI Number <b>38-2331309</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33441</b>	Country <b>U.S.</b>	Zip <b>33441</b>	Country <b>U.S.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LEVIT, DREW M          1301 WEST NEWPORT CENTER DRIVE          DEERFIELD BEACH FL 33442</b>	7. Name and Address of New Registered Agent Name <b>Levitt DREW M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 W. Hillsboro Blvd.          Suite 102          Deerfield Beach FL 33441</b>
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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.

SIGNATURE *Drew Levitt* DATE 4-26-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COD VAN ARNEM, HAROLD L 1301 W. NEWPORT CENTER DRIVE DEERFIELD BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600 W. Hillsboro Blvd. - #102 Deerfield Beach, FL. 33441</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DECKER, JULIA M 1301 W. NEWPORT CENTRE DR. DEERFIELD BEACH FL 33442</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST HAROLD L. VAN ARNEM 600 W. Hillsboro Blvd. - #102 Deerfield Beach, FL. 33441</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Van Arnem* DATE: 4/26/01 DAYTIME PHONE #: 954-419-1363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)