FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P41037

FILED Sep 19, 2002 8:00 am Secretary of State 09-19-2002 90158 033 ***611.25

1. Entity Name							
VAN ARNEM COMPANY							
DO NOT WRITE IN THIS SPACE					B0139567		
2. Principal Place of Business 12 S. E. First Avenue 3. Mailing Address 12 S. E. First Avenue 12 S. E. First Avenue			ue				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
City & State Delray B	e each, FL	City & State Delray Beach, FL			4. FEI Number 38-2331309	Applied For Not Applicable	
Zip 33444	Country	^{Zip} 33444	ip Country 3444 USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				7. Name and Address of Current Registered Agent Name Drew M. Levitt			
	DO NOT WRITE			Street Address	(P.O. Box Number is Not Acceptable)		
IN THIS SPACE				855 S. Federal Hwy Suite 212			
				City Boca Raton FL Zip Code 33432			
Tax filing r (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND	After may 1 Amended Make Check Payabi	Fee I UBR I to Di	is \$650.00 is \$61.25 operament of St	000000000000	\$5.00 May Be Added to Fees	
•		*	to Di		efe		
STREET ADDRESS CITY-ST-ZIP	Delray Beach, FL 33445		0.6262	et adoress Si-BP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Betty E. Allen 17296 Hampton Blvd. Boca Raton, FL 33496	Secretary/Treasurer		E SZEMON ZZEMON TE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harold L. Van Arnem Vice President 733 N. Ocean Blvd Delray Beach, FL 33483			E HT ADDRESS - 51 739	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenneth M. Van Arnem Director 3314 Lowson Blvd. Delray Beach, FL 33445		0.00000		IN THIS SPACE		
TITLE Name Street address City-St-Zip	Betty E. Allen 17296 Hampton Blvd. Boca Raton, FL 33496	Director					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harold L. Van Arnem 733 N. Ocean Blvd. Delray Beach, FL 33483	N. Ocean Blvd.		E ST 229			
13. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report i poration or the receiver or trustee em	h this filing does not qualify for t s true and accurate and that my powered to execute this report	he exer signat as requ	mption stated in S ture shall have the uired by Chapter	Section 119.07(3)(i), Florida Statutes. I further or a same legal effect as if made under oath; that 607, Florida Statutes; and that my name apper	ertify that the information I am an officer or director ars in Block 11 or on an	

SIGNATURE: