

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90279 019 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # P41037</b>			
1. Entity Name <b>VAN ARNEM COMPANY</b>		Principal Place of Business <b>12 S E FIRST AVENUE DELRAY BEACH FL 33444 US</b>	
2. Principal Place of Business		3. Mailing Address <b>12 S E FIRST AVENUE DELRAY BEACH FL 33444 US</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number <b>38-2331309</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LEVIT, DREW M</b> <b>855 S FEDERAL HWY</b> <b>SUITE 212</b> <b>BOCA RATON FL 33432</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN ARNEM, KENNETH M</b>	NAME	
STREET ADDRESS	<b>3314 LOWSON BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, BETTY E</b>	NAME	
STREET ADDRESS	<b>17296 HAMPTON BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN ARNEM, HAROLD L</b>	NAME	
STREET ADDRESS	<b>733 N OCEAN BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN ARNEM, KENNETH M</b>	NAME	
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CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>	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: <i>Betty E Allen</i>		Date: <i>2/12/03</i> Daytime Phone #: <i>561-272-2912</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)