

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90099 029 ***150.00

DOCUMENT # P93000008501

1. Entity Name
ARNOLD ASSOCIATES, INC.

Principal Place of Business

**121 N OSCEOLA AVE
 CLEARWATER FL 34615
 US**

Mailing Address

**121 N OSCEOLA AVE
 CLEARWATER FL 34615
 US**

2. Principal Place of Business

17757 US 19 North

Suite, Apt. #, etc.

Ste 275

City & State

Clearwater, FL

Zip

33764

Country

USA

3. Mailing Address

17757 US 19 North

Suite, Apt. #, etc.

Ste 275

City & State

Clearwater, FL

Zip

33764

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARNOLD, LEE E JR
 121 N OSCEOLA AVE
 CLEARWATER FL 34615**

7. Name and Address of New Registered Agent

Name **Lee E. Arnold, Jr.**

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

17757 US 19 North

Suite 275

City

Clearwater

FL

Zip Code

33764

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 **Lee E. Arnold, Jr.**

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

(NOTE: Registered Agent signature required when reinstating)

4-29-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)



**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
 NAME **ARNOLD, LEE E JR**
 STREET ADDRESS **121 N OSCEOLA AVE**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **P** ☐ Delete
 NAME **DUFFY, PATRICK**
 STREET ADDRESS **121 N OSCEOLA AVE**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☒ Change ☐ Addition
 NAME **Lee E. Arnold, Jr.**
 STREET ADDRESS **17757 US 19 North, Suite 275**
 CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **P** ☒ Change ☐ Addition
 NAME **Patrick Duffy**
 STREET ADDRESS **2441 Weymouth Drive**
 CITY-ST-ZIP **Clearwater FL 33764**

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

727-442-7164

Date

Daytime Phone #

CR2E034 (9/01)