

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90049 032 \*\*\*150.00

**DOCUMENT # P93000025185**

1. Entity Name

**ARRIVE AMERICA, INC.**

Principal Place of Business

Mailing Address

12117 SW 110 ST. CR. SO.  
MIAMI FL 33186  
US

12117 SW 110TH ST CR. CO.  
MIAMI FL 33176-4562  
US

2. Principal Place of Business

**120 POTOMAC LANE**

Suite, Apt. #, etc.

3. Mailing Address

**120 POTOMAC LANE**

Suite, Apt. #, etc.

**DAYTONA BEACH, FL**

City & State

**DAYTONA BEACH, FL.**

City & State

4. FEI Number

**65-0412546**

Applied For

Not Applicable

Zip

Country

**32119**

**USA**

Zip

Country

**32119**

**USA**

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

**COLBY, PAUL**

**12117 S.W. 110TH STREET, C.R., SOUTH**  
**MIAMI FL 33166**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLIS, MARCIA R.	
STREET ADDRESS	12117 SW 110 ST. CR. SO.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLBY, PAUL J.	
STREET ADDRESS	12117 SW 110 ST. CR. SO.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 POTOMAC LANE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 POTOMAC LANE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**2/28/00**

Date

**(904) 322-0777**

Daytime Phone #

CR2E034 (9/99)