

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90031 013 \*\*\*158.75

DOCUMENT # P94000006064 (7)

1. Entity Name  
 ARC WORKS, INC.

Principal Place of Business Mailing Address  
 P.O. Box 507 P.O. Box 507  
 OSPREY, FL 34229-0507 OSPREY, FL 34229-0507

2. Principal Place of Business 3. Mailing Address  
 3004 CASEY KEY RD P.O. Box 507  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 NOKOMIS, FL OSPREY, FL  
 Zip Country Zip Country  
 34275 SARASOTA 34229 SARASOTA

4. FEI Number Applied For  
 65-0464399 Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 DUBS, CHRISTOPHER E  
 P.O. Box 507  
 OSPREY, FL 34229-0507

7. Name and Address of New Registered Agent  
 Name N/A  
 Street Address (P.O. Box Number is Not Acceptable)  
 City N/A 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 N/A 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

TITLE	D P	<input type="checkbox"/> Delete
NAME	DUBS, CHRISTOPHER E	
STREET ADDRESS	P.O. Box 507	
CITY-ST-ZIP	OSPREY, FL 34229-0507	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 another, like empowered.

SIGNATURE: CHRISTOPHER E. DUBS 17 MAR 00 941-918-9597  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)