

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

**FILED
Mar 24, 2003 8:00 A.M.
Secretary of State**

DOCUMENT #P94000006064 (7)

1. Entity Name

ARC WORKS INC



DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FLORIDA

2. Principal Place of Business

3110 CASEY KEY RD

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 507

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NOKOMIS FL

City & State

OSPREY FL

4. FEI Number

65-0464399

Applied For

Not Applicable

Zip

34275

Country

USA

Zip

34229-0507

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER DUBS

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

5025 N BEACH RD

City

ENGLEWOOD

FL

Zip Code

34223

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

18 MAR 03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DUBS, CHRISTOPHER E. PO BOX 507 OSPREY, FL 34229-0507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600014902466 03/28/03--01018--030 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600014902466 03/28/03--01018--031 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)

CHRISTOPHER E DUBS

20/FEB/03

941

474-0272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)