

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000019984**

1. Entity Name

**ARNER INVESTMENTS, INC.****FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90358 003 \*\*\*150.00

**816398**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1750 NORTH BELCHER RD.  
CLEARWATER FL 33764  
**33765**

Mailing Address  
1750 NORTH BELCHER RD.  
CLEARWATER FL 34625  
**33765**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3229658**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARNER, GERRY  
1304 CHINABERRY RD.  
CLEARWATER FL 34624

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) DATE9. 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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	ARNER, GERRY	1034 CHINABERRY RD	CLEARWATER FL 33764				
DS	ARNER, LOIS	1034 CHINABERRY RD	CLEARWATER FL 33764				
DV	ARNER, DAVID	255 DUNBRIDGE	PALM HARBOR FL 34684				

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: *Lois Arner* **Lois Arner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-1-01** **(927) 446-8840**  
Date Daytime Phone #

CR2E034 (10/00)