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## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ar

SIGNATURE:

Jan 31, 2003 8:00 am **Secretary of State** DOCUMENT # P94000019984 01-31-2003 90170 025 \*\*\*150.00 1. Entity Name ARNER INVESTMENTS, INC. Principal Place of Business Mailing Address 1750 NORTH BELCHER RD. 1750 NORTH BELCHER RD. CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business
1034 Chinaberry 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES ity & State 4. FEI Number Applied For 59-3229658 Not Applicable \$8.75 Additional 5. Certificate of Status Desired LISA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARNER, GERRY Street Address (P.O. Box Number is Not Acceptable) 1304 CHINABERRY RD. **CLEARWATER FL 34624** 8. The above named entity supports 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 1-25-03 (NOTE: Registered Agent signature required when reinstating) Signature, typed or p FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00  $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition NAME ARNER, GERRY NAME 1034 CHINABERRY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33764** CITY-ST-ZIP DS Delete TITLE Addition TITLE ☐ Change ARNER, LOIS NAME NAME STREET ADDRESS 1034 CHINABERRY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** TITLE DV ∵ XI Delete TITLE ☐ Change Addition NAME ARNER, DAVID NAME STREET ADDRESS 255 DUNBRIDGE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not quality 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 trusteelem sowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if