

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043218

1. Entity Name
ARCON ASSOCIATES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90415 032 ***150.00

Principal Place of Business
1100 LINTON BLVD. SUITE C-9
DELRAY BEACH FL 33444

Mailing Address
1000 MARKET ST
BLDG 1
PORTSMOUTH NH 03801
US

JUN 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		NOT APPLICABLE		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country						

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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, 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MICHAEL		NAME		
STREET ADDRESS	1100 LINTON BLVD, SUITE C-9		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MARK		NAME		
STREET ADDRESS	1100 LINTON BLVD, SUITE C-9		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, WILLIAM		NAME		
STREET ADDRESS	1000 MARKET ST BLDG 1		STREET ADDRESS		
CITY-ST-ZIP	PORTSMOUTH NH 03801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

Date

Daytime Phone #

CR2E034 (10/00)