

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 16, 2000 8:00 am
Secretary of State

03-07-2000 90103 048 ***150.00

DOCUMENT # P94000056362

1. Entity Name

JEAN ARTHUR ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1450 TUSKAWILLA RD
 STE 112
 WINTER SPRINGS FL 32708
 US

1513 FOX GLEN DRIVE
 WINTER SPRINGS FL 32708-5944
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3260252

Applied For

Not Applicable

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

ARTHUR, H J
1513 FOX GLEN DRIVE
WINTER SPRINGS FL 32708

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ARTHUR, JEAN A	
STREET ADDRESS	1513 FOX GLEN DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ARTHUR, LOUISE S	
STREET ADDRESS	1513 FOX GLEN DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ARTHUR, H J	
STREET ADDRESS	1513 FOX GLEN DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HARRY, III A	
STREET ADDRESS	988 SEQUOIZ CT	
CITY-ST-ZIP	WINTER SPGS FL 32708	
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"/> 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 687, 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 REQUIRED

H. J. Arthur 3-24-00 407-366-5401
 H. J. ARTHUR, SECRET/TREAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)