

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058039

1. Entity Name

ARCAN DEVELOPMENT, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90234 048 ***150.00

Principal Place of Business

Mailing Address

1361 AIRPORT ROAD NORTH
NAPLES FL 33942

1361 AIRPORT ROAD NORTH
NAPLES FL 34104-3315

2. Principal Place of Business

1100 Commercial Blvd.

3. Mailing Address

1100 Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#118

#118

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34104

Country

Collier

Zip

34104

Country

Collier

4. FEI Number

65-0513418

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

ARNOLD, DEAN A

1361 AIRPORT ROAD NORTH
NAPLES FL 33942

Name

ARNOLD, DEAN A.

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

1100 COMMERCIAL BLVD. #118

City

NAPLES

FL

Zip Code

34104

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 ☐ Delete
NAME D
STREET ADDRESS ARNOLD, DEAN A
CITY-ST-ZIP 1361 AIRPORT ROAD NORTH
NAPLES FL 33942

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS ARNOLD, DEAN A.
CITY-ST-ZIP 1100 COMMERCIAL BLVD #118
Naples, FL 34104

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

941-643-6333

CR2E034 (9/99)