


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90219 036 ***150.00

DOCUMENT # P94000058039

1. Entity Name
ARCAN DEVELOPMENT, INC.



Principal Place of Business
1100 COMMERCIAL BLVD
#118
NAPLES FL 34104

Mailing Address
1100 COMMERCIAL BLVD
#118
NAPLES FL 34104



2. Principal Place of Business
3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104

3. Mailing Address
3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104

City & State
NAPLES, FLORIDA 34104

City & State
NAPLES, FLORIDA 34104

Zip Country
NAPLES FL 34104

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0513418**

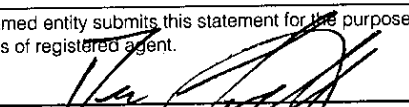
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ARNOLD, DEAN A
1100 COMMERCIAL BLVD #118
NAPLES FL 34104

7. Name and Address of New Registered Agent
Name
Street Address **3073 SOUTH HORSESHOE DRIVE**
SUITE 118
City **NAPLES, FLORIDA 34104** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2/18/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, DEAN A 1100 COMMERCIAL BLVD #118 NAPLES FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3073 SOUTH HORSESHOE DRIVE SUITE 118 NAPLES, FLORIDA 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

DATE **2/18/03** DAYTIME PHONE # **239-643-6333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)