2002 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2002 8:00 am Secretary of State DOCUMENT # P94000058099 1. Entity Name ARBCO ENTERPRISES, INC. 01-14-2002 90044 010 ***150.00 Principal Place of Business Mailing Address 1086 38TH AVENUE NORTHEAST 1086 38TH AVENUE NORTHEAST ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3293388 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERKE, RONALD C Street Address (P.O. Box Number is Not Acceptable) 1086 38TH AVENUE NORTHEAST ST. PETERSBURG FL 33704 City Zip Code FL 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME BERKE, RONALD C NAME STREET ADDRESS 1086 38TH AVENUE NORTHEAST STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BERKE, GLADYS J NAME STREET ADDRESS 1086 38TH AVE NE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP TITLE - 🔄 Delete TITLE. Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

2278229546