2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012216 1. Entity Name ARBOR ACRES, INC.				Secretary of State 02-17-2002 90056 003 ***150.00
Principal Plac	e of Business	Mailing Address		
16820 DEER PATH LANE LOXAHATCHEE FL 33470		16820 DEER PATH LANE LOXAHATCHEE FL 33470		អ្នកស្និត្ត
2. Principal Place of Business 3.		3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0580198 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
c			Name	
FAUX, MARVIN 16820 DEER PATH LANE			Street Address	s (P.O. Box Number is Not Acceptable)
LOXAHAT	CHEE FL 33470		City	FL Zip Code
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or regist	lered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered FILE NOW!!! FEE I After May 1, 2002 Fee v (See criteria on back) Make Check Payable to De			2 Fee will be \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Faux, Marvin 16820 Deer Path Lane Loxahatchee Fl 33470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOVE IN THE TENED	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby of indicated of the conchanged,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower on an attachment without didness, with the contract of	nis filing does not qualify for rue and accurate and that my veren to execute this report a up at other like empowered.	the exemption stated in S y signature shall have the is required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

1-13-02 561 248-6968

Date Daytime Phone #