

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034113

1. Entity Name  
ARK SERVICE CORP.

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90031 003 \*\*\*150.00

Principal Place of Business  
15172 75TH WAY  
PALM BEACH GARDENS FL 33418  
US

Mailing Address  
15172 75TH WAY  
PALM BEACH GARDENS FL 33418  
US

2. Principal Place of Business  
18295 LAKE BEND DR  
Suite, Apt. #, etc.

3. Mailing Address  
18295 LAKE BEND DR  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
JUPITER, FL  
Zip  
33458  
Country  
USA

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JUPITER, FL  
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33458  
Country  
USA

4. FEI Number 65-0580169

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

ZUCKER, FREDERICK A  
15172 75TH WAY  
PALM BEACH GARDENS FL 33418

Name  
FREDERICK A. ZUCKER  
Street Address (P.O. Box Number is Not Acceptable)  
18295 LAKE BEND DR  
City  
JUPITER  
FL  
Zip Code  
33458

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 *Fred A. Zucker*  
Signature, typed or printed name of registered agent and title if applicable.

FREDERICK A. ZUCKER

1/10/01  
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD RIIHIAHO, AIMO 1301 COCHRAN DR LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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"/> Change <input type="checkbox"/> Addition

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: *Aimo Riihiahho*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AIMO RIIHIAHO  
PRESIDENT

1/10/01 561-691-3818  
Date Daytime Phone #

CR2E034 (10/00)