

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90071 015 ***150.00

DOCUMENT # P95000047678

1. Entity Name

DAVID M. ARNDT & CO., INC.

Principal Place of Business

**1320 TIDAL POINTE BLVD.
JUPITER FL 33477**

Mailing Address

**1320 TIDAL POINTE BLVD.
JUPITER FL 33477**

707186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

208 US HWY ONE N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #2

City & State

City & State

TEQUESTA FL

Zip

Country

Zip

Country

33469

4. FEI Number **65-0610291**

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

**REARSE, RICHARD L JR.
814 CHESTNUT ST.
CLEARWATER FL 34616**

Name

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

1241 S. MYRTLE AVE

City

CLEARWATER

FL

Zip Code

33756

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, 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	D	<input type="checkbox"/> Delete
NAME	ARNDT, DAVID M	
STREET ADDRESS	1320 TIDAL POINTE BLVD.	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARNDT, BEVERLY A	
STREET ADDRESS	102 OCEAN COVE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AME REARSE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMY J. ARNDT	
STREET ADDRESS	208 US HWY ONE N. SUITE #2	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Beverly A. Arndt Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-01

Date

748-5148

Daytime Phone #

CR2E034 (10/00)