

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90042 027 ***150.00

DOCUMENT # P95 000063920

1. Entity Name
Arlie Reds, Inc.

Principal Place of Business <u>9365 E. Gobbler Dr.</u> <u>Floral City, FL 34436</u>	Mailing Address <u>Same</u>
2. Principal Place of Business <u>Same</u>	3. Mailing Address
Suite, Apt. #, etc. 	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State 	City & State 	4. FEI Number <u>59-3331724</u>	Applied For <input type="checkbox"/> Not Applicable
Zip 	Country 	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <u>Patricia A. Stidham</u> Patricia A. Stidham <u>9365 E. Gobbler Dr.</u> <u>Floral City, FL 34436</u>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code
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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 _____ **DATE** _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>President</u> <input type="checkbox"/> Delete	NAME <u>Patricia Ann Stidham</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>9365 E. Gobbler Dr.</u>	CITY-ST-ZIP <u>Floral City, FL 34436</u>	NAME	
TITLE <u>Vice President</u> <input type="checkbox"/> Delete	NAME <u>Arlin H. Stidham</u>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>9365 E. Gobbler Dr.</u>	CITY-ST-ZIP <u>Floral City, FL 34436</u>	NAME	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Patricia A. Stidham Pres. 4-9-01 (352)637-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)