

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90074 001 ***150.00

DOCUMENT # P95000095443

1. Entity Name

ROBERT L. ARROYO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

13669 KIMBERLEY OAKS CIRCLE
LARGO FL 33774
US

13669 KIMBERLEY OAKS CIRCLE
INDIAN ROCKS BEACH FL 33716-1714
US

C0034800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11901 4TH ST. NORTH

3. Mailing Address

P.O. BOX 343

Suite, Apt. #, etc.

APT 401

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

INDIAN ROCKS BEACH, FL

4. FEI Number

65-0630110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

Country

33716

U.S.A.

Zip

Country

33785

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTNER, ALAN S JR.
350 GULF BLVD.
INDIAN ROCKS BEACH FL 33785**

Name

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

City

FL

Zip Code

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, 2000 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 ☐ Delete
NAME **P ROBERT L. ARROYO,**
STREET ADDRESS **13669 KIMBERLY OAKS CIRCLE**
CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **ST ARROYO, DENISE E.**
STREET ADDRESS **13669 KIMBERLY OAKS CIRCLE**
CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-00

Date

727-516-0258

Daytime Phone #

CR2E034 (9/99)