2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State P96000003572 **DOCUMENT #** 1. Entity Name 05-22-2002 90184 027 ***150 00 ARNOLD ASSOCIATES ORLANDO, INC. Mailing Address Principal Place of Business 121 N OSCEOLA AVE 121 N OSCEOLA AVE **CLEARWATER FL 34615 CLEARWATER FL 34615** 3. Mailing Address 2. Principal Place of Business 17757 US 19 North 600 East Washinaton St DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Ste 275 Applied For 4. FEI Number 59-3354968 Cleanwaters FL Not Applicable Orlandos Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent arnolds ARNOLD, LEE E JR Number is Not Acceptable) 121 N OSCEOLA AVE **CLEARWATER FL 34615** 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 4-29-03 E. amold Jr. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS SD TITLE ☐ Delete TITLE Lee E. amold sür 17757 US 19 north Suite 275 NAME ARNOLD, LEE E JR NAME STREET ADDRESS STREET ADDRESS 121 N OSCEOLA AVE Cleanoaters FL 33764 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33755** ☐ Addition Change TITLE Delete TITLE NAME NAME DUFFY, P STREET ADDRESS 41 WEYMOUTH DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34624** ☐ Change ☐ Addition TITLE Delete D TITLE NAME MORRIS, SUSAN NAME: 💝 🤊 STREET ADDRESS 201 WOODLAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 ☐ Change matt sullivan 1003 Oakdale Street Windmere FL 34 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE 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 eport 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 truetee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ke empowered

ID TYPED OR PRINTED

changed, or on an attachment with

SIGNATURE:

FILED