

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064659

1. Entity Name  
**AR-SEL INCORPORATED**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90013 044 \*\*\*150.00

Principal Place of Business

468 HOLLEY POINT RD  
FREEPORT FL 32439

Mailing Address

468 HOLLEY POINT RD  
FREEPORT FL 32439

2. Principal Place of Business

140 INDIAN BAYOU DR.  
Suite, Apt. #, etc.

3. Mailing Address

140 Indian Bayou Dr.  
Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

Destin, FL

4. FEI Number

59-3393790

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32541

Country

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

BALES, JAMES W  
468 HOLLEY POINT RD  
FREEPORT FL 32439

Name

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

140 Indian Bayou Dr.

City

Destin,

FL

Zip Code

32541

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 **P** ☐ Delete  
NAME **BALES, JAMES W**  
STREET ADDRESS **468 HOLLEY PT ROAD**  
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE ☒ Change ☐ Addition  
NAME **140 Indian Bayou Dr.**  
STREET ADDRESS **Destin, FL**  
CITY-ST-ZIP **32541**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James W Bales*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W Bales

Date

4/9/01

Daytime Phone #

850 837-4184

CR2E034 (10/00)