

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013795

1. Entity Name

ARNOLD-N-CHRIST ENTERPRISES INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90107 021 ***150.00

Principal Place of Business

Mailing Address

6405-B OLD WINTER GARDEN RD
ORLANDO FL 32835

6405-B OLD WINTER GARDEN RD
ORLANDO FL 32835-1347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3423001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, DEBORAH
445 DANIELS PT DR
WINTER GARDEN FL 34787

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
STREET ADDRESS ARNOLD, DEBORAH
CITY-ST-ZIP 445 DANIELS PT DR
WINTER GARDEN FL 34787

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

TITLE ☐ Delete
NAME CEO
STREET ADDRESS ARNOLD, ROBERT
CITY-ST-ZIP 445 DANIELS PT DR
WINTER GDN FL 34787

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS MARCEREAU WAYNE
CITY-ST-ZIP 5713 ARGOSY CT
ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS Marcereau, Wayne
CITY-ST-ZIP 652 Villa Court
Clermont, FL 34711

TITLE ☐ Delete
NAME ST
STREET ADDRESS MARCEREAU CHRISTINE
CITY-ST-ZIP 5713 ARGOSY CT
ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME ST
STREET ADDRESS Marcereau, Christina
CITY-ST-ZIP 652 Villa Court
Clermont, FL 34711

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:

Christina Marcereau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/00 (407)294-3250

CR2E034 (9/99)