

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022524

1. Entity Name

ARNOLD ASSOCIATES SOUTHWEST FLORIDA, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90033 048 ***150.00

Principal Place of Business

121 N OSCEOLA AVE
CLEARWATER FL 34615

Mailing Address

121 N OSCEOLA AVE
CLEARWATER FL 33755-4039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3425588

Applied For

Not Applicable

Zip

Country

Zip

Country

33755-4039

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

ARNOLD, LEE E JR.
121 NORTH OSCEOLA AVE.
CLEARWATER FL 34615

Name

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

City

FL

Zip Code

33755-4039

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARNOLD, LEE E JR.
121 NORTH OSCEOLA AVE.
CLEARWATER FL 33755 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DUFFY, PAT
41 WEYMOUTH DRIVE
CLEARWATER FL 34624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2441 WEYMOUTH DRIVE
CLEARWATER, FL 33764 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIPPEK, KARL T
1298 BEACON COVE LANE
FT MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12984 BEACON COVE LANE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Mounce, John P.
6890 Marbrook Ct.
FT Myers, FL 33919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Date

Daytime Phone #

4-24-00

727-442-7184