

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90455 029 ***150.00

DOCUMENT # P97000022524

1. Entity Name
ARNOLD ASSOCIATES SOUTHWEST FLORIDA, INC.

Principal Place of Business
121 N OSCEOLA AVE
CLEARWATER FL 33755-4039

Mailing Address
121 N OSCEOLA AVE
CLEARWATER FL 34615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **12730 New Brittany Blvd.** **3. Mailing Address** **17757 US Hwy 19 N**

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 275

City & State
FT Myers FL

City & State
Clearwater FL

Zip **33907** Country **US**

Zip **33764** Country **US**

4. FEI Number **59-3425588**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARNOLD, LEE E JR.
121 NORTH OSCEOLA AVE.
CLEARWATER FL 33755-4039

7. Name and Address of New Registered Agent

Name **Lee E. Arnold**
 Street Address (P.O. Box Number is Not Acceptable)
17757 US Hwy 19 N,
Suite 275
 City **Clearwater** **FL** Zip Code **33764**

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 **Lee E. Arnold**

4/29/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, LEE E JR.	
STREET ADDRESS	121 NORTH OSCEOLA AVE.	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUFFY, PAT	
STREET ADDRESS	2441 WEYMOUTH DR	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPPEK, KARL T	
STREET ADDRESS	12984 BEACON COVE LANE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOUNCE, JOHN P	
STREET ADDRESS	6890 MARBROOK CT.	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee E. Arnold Jr.	
STREET ADDRESS	17757 US Hwy 19 N, suite 275	
CITY-ST-ZIP	Clearwater FL. 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

4/29/02 727-442-7184

Date

Daytime Phone #

CR2E034 (9/01)