

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 22, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000030884**1. Entity Name  
A.R.N. HOMES, INC.

## Principal Place of Business

8257 SOUTH US 1

PORT ST. LUCIE  
34952

FL

## Mailing Address

8257 SOUTH US 1

PORT ST. LUCIE  
34952

FL

## 2. Principal Place of Business

10302 SOUTH US 1

Suite, Apt. #, etc.  
PMB # 293

## 3. Mailing Address

10302 SOUTH US 1

Suite, Apt. #, etc.  
PMB # 293City & State  
PORT ST. LUCIE  
FLCity & State  
PORT ST. LUCIE  
FLZip  
34952

Country

Zip  
34952

Country

## 4. FEI Number

65-0743853

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

GREENWALT A E  
8257 SOUTH US 1PORT ST. LUCIE  
34952

FL

## 7. Name and Address of New Registered Agent

## Name

GREENWALT A E

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

201 S. W. PT. ST. LUCIE BLVD.

#201

City  
PORT ST. LUCIE

FL

Zip Code  
34984

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 A. E. GREENWALT

01/22/2001

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

TITLE DST ☒ Delete  
NAME GREENWALT A E  
STREET ADDRESS 2949 SE FARLEY RD.  
CITY-ST-ZIP PORT ST. LUCIE FL 34952TITLE DPST ☐ Delete  
NAME GREENWALT A. E.  
STREET ADDRESS 2949 SE FARLEY RD  
CITY-ST-ZIP PT ST LUCIE FL 34952TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DPST ☒ Change ☐ Addition  
NAME GREENWALT A. E.  
STREET ADDRESS 201 S. W. PT. ST. LUCIE BLVD. #201  
CITY-ST-ZIP PT ST LUCIE FL 34984TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: A. E. Greenwalt

PDST

01/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)