

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P97000034433

FILED

02 NOV 26 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1670 NW Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

1670 NW Federal Hwy
Suite, Apt. #, etc.

600009221576
11/26/02--01032--009 **70.00

DO NOT WRITE IN THIS SPACE

City & State

Stuart, Florida

City & State

Stuart, Florida

4. FEI Number

65-0757458

Applied For

Not Applicable

Zip

34994

Country

Martin

Zip

34994

Country

Martin

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul Holley

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

1670 NW Federal Hwy

City

Stuart

FL

Zip Code

34994

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

Thomas B. Arnold President, Thomas B. Arnold 11/19/02

Signature of 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)

☒

January 1 - May 1 Fee is \$160.00

After May 1 Fee is \$650.00

Amended UBR is \$61.25

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	PIV/T/S/D/C/M	Del
NAME	Paul Holley	
STREET ADDRESS	1670 NW Federal Hwy	
CITY - ST - ZIP	Stuart FL 34994	
TITLE	PIV/T/S/D/C/M	Add
NAME	Thomas B. Arnold	
STREET ADDRESS	1670 NW Federal Hwy	
CITY - ST - ZIP	Stuart FL 34994	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas B. Arnold Thomas B. Arnold

11/19/02

772 349288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/01)

12/2/02