

05-18-2001 90011 023 \*\*\*150.00

<b>DOCUMENT #</b> P97000036744					
<b>1. Entity Name</b> ARUBA Development Corp. ✓					
<b>Principal Place of Business</b>			<b>Mailing Address</b>		
2419 E Commercial Blvd #100 Pittsboro, NC 27330-8					
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country		Zip	Country	
<b>6. Name and Address of Current Registered Agent</b>					
BLOOM Gregory J -- ESQ 100 W Cypress CRd #700 Pittsboro NC 27330-9					<b>Name</b>
					<b>Street Address</b>
					<b>City</b>
<b>8. The above named entity submits this statement for the purpose of changing its registered office or re</b>					
<b>SIGNATURE</b>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A					
<b>9. This corporation is eligible to satisfy its intangible</b>					
Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>					
<b>FILE NOW!!! FEE IS \$160.00</b> <b>AFTER MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of S</b>					
<b>OFFICERS AND DIRECTORS</b>					
<b>11.</b>		<b>12.</b>			
TITLE	P.D. LAMBERT DAWNEY 2419 E Commercial Blvd #100 Pittsboro NC 27330-8	<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D VERILLO JAMES 2419 E Commercial Blvd #100 Pittsboro NC 27330-8	<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 11 or Block 12 if changed, or as an attachment with an address, with all other like empower</b>					
<b>SIGNATURE:</b> Christie Hayden					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0764580	Applied For
	Not Applicable

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

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 \$160.00

**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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D.	<input type="checkbox"/> Delete
NAME	LAMBERT Downey	
STREET ADDRESS	2419 E Commerce St	Blvd #100
CITY - ST - ZIP	Fullerton	CA 92631

TITLE	D	<input type="checkbox"/> Delete
NAME	VERRILLO JAMES	
STREET ADDRESS	2419 E Linnecan Blvd #100	
CITY - ST - ZIP	FT LAUD FL 33308	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	Date
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	OFFICER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Heydon Christian		
STREET ADDRESS	2419 E Commercial Blvd #100		
CITY - ST - ZIP	Atlanta GA 30308		

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	

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (11/00)