

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107881

1. Entity Name

ARABIE'S SURVEYING AND CONSTRUCTION LAYOUT, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90126 044 ***150.00

Principal Place of Business

Mailing Address

LAKE ASBURY DR
 COVE SPRINGS FL 32043

578 LAKE ASBURY DR
 GREEN COVE SPRINGS FL 32043-9550

2. Principal Place of Business

160 Short Trail
 Suite, Apt. #, etc.

3. Mailing Address

160 Short Trail
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3489064

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARABIE, TONY
 4425 MANUCY ROAD
 ST. AUGUSTINE FL 32095

Name

Anthony B. Arabie

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

160 Short Trail

City

Greencore Springs

FL

Zip Code

32043

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

Anthony B. Arabie

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 **D** ☐ Delete
 NAME **ARABIE, TONY**
 STREET ADDRESS **4425 MANUCY ROAD**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE ☒ Change ☐ Addition
 NAME **Anthony B. Arabie**
 STREET ADDRESS **160 Short Trail**
 CITY-ST-ZIP **Greencore Springs, FL 32043**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 lines empowered.

SIGNATURE:

Anthony B. Arabie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 904-282-6209

CR2E034 (9/99)