

5/11

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-15-2001 90128 005 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107881

1. Entity Name

ARABIE'S-SURVEYING AND CONSTRUCTION LAYOUT, INC.

Principal Place of Business

Mailing Address

~~160 SHORT TRAIL~~
 GREEN COVE SPRINGS FL 32043

~~160 SHORT TRAIL~~
 GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

161 Short Trail
 Suite, Apt. #, etc.

161 Short Trail
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Green Cove Springs, FL
 Zip 32043 Country USA

City & State

Greencove Springs, FL
 Zip 32043 Country USA

4. FEI Number 59-3489064

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

ARABIE, ANTHONY B

~~160 SHORT TRAIL~~
 GREEN COVE SPRINGS FL 32043

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME ARABIE, ANTHONY B
 STREET ADDRESS ~~160 SHORT TRAIL~~
 CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-01

Date

904-282-6209

Daytime Phone #

Anthony B. Arable

CR2E034 (10/00)