2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State
01-24-2001 90061 031 ***150.00

DOCUMENT # P98000003000

1. Entity Name
AR GNO PROPERTIES, INC.

902469

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1525 S PINE RIDGE CIRCLE SANFORD FL 32773	1525 S PINE RIDGE CIRCLE SANFORD FL 32773

2. Principal Place of Business	3. Mailing Address
1525 S PINE RIDGE Cir	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD FL	City & State
Zip: 32773 Country: U.S.A	Zip Country: U.S.A

4. FEI Number 59-3485404 ☐ 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
EDWARD R. ALEXANDER, JR., P.A. 7491 CONROY-WINDERMERE ROAD STE 1 ORLANDO FL 32835	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T HALSTEAD, NORA 1525 S PINE RIDGE CIRCLE SANFORD FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HALSTEAD, HAROLD B 1525 S PINE RIDGE CIRCLE SANFORD FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Harold B Halstead HAROLD B HALSTEAD PRESIDENT 1/18/01 407 823 4124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #