

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000015633**

1. Entity Name

ARNELLE M. STRAND, P.A.**FILED****Jan 08, 2001 8:00 am
Secretary of State**

01-08-2001 90025 045 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7616 MASSACHUSETTS AVE. NEW PORT RICHEY FL 34653	Mailing Address 8400 PRESTWICK PLACE NEW PORT RICHEY FL 34655
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2. Principal Place of Business 8138 Massachusetts Ave	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State New Port Richey FL	City & State
Zip 34653	Country Pasco

4. FEI Number 59-3493845	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STRAND, ARNELLE M 8400 PRESTWICK PLACE NEW PORT RICHEY FL 34655

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 *Arnelle M Strand* **1/3/01**
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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAND, ARNELLE M 8400 PRESTWICK PLACE NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Arnelle M Strand* **1/2/01 (727) 8481777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)