

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035952

1. Entity Name

ARCADIAN DESIGN, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90250 042 \*\*\*150.00

Principal Place of Business

7226 11TH AVENUE, NORTH  
 ST. PETERSBURG FL 33710

Mailing Address

7226 11TH AVENUE, NORTH  
 ST. PETERSBURG FL 33710-4606

2. Principal Place of Business

4315 10TH ST NORTH

Suite, Apt. #, etc.

\$

3. Mailing Address

4315 10TH ST NORTH

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

59-3521505

Applied For

Not Applicable

Zip

33703

Country

USA

Zip

33703

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LAVALLE, ROXANNE D  
 7226 11TH AVENUE, NORTH  
 ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name SUSAN D BENWAY

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

4315 10TH ST NORTH

City

ST PETERSBURG

FL

Zip Code

33703

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]*

SUSAN D BENWAY

4-30-2000

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

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | P                         | <input type="checkbox"/> Delete            |
| NAME           | BENWAY, KENNETH M         |  |
| STREET ADDRESS | 4315 10TH ST NORTH        |  |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33703 |  |
| TITLE          | S                         | <input checked="" type="checkbox"/> Delete |
| NAME           | LAVALLE, ROXANNE D        |  |
| STREET ADDRESS | 7226 11TH AVE N           |  |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33710 |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| 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          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | S                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SUSAN D. BENWAY        |  |
| STREET ADDRESS | 4315 10TH ST NORTH     |  |
| CITY-ST-ZIP    | ST PETERSBURG FL 33703 |  |
| 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

KENNETH M BENWAY

4-30-2000 727-525-3413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)