

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90763 019 ***150.00

DOCUMENT # P98000036400

1. Entity Name
A.R.R.R.T., INC.



Principal Place of Business
**6916 18TH AVENUE EAST
BRADENTON FL 34208**

Mailing Address
**6916 18TH AVENUE EAST
BRADENTON FL 34208**

2. Principal Place of Business

3716 COCONUT TERR

3. Mailing Address

3716 COCONUT TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34208

Country

MANATEE

Zip

34208

Country

MANATEE

4. FEI Number **65-0867040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RICE, WILLIAM R
6916 18TH AVENUE EAST
BRADENTON FL 34208**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RICE, WILLIAM R**
STREET ADDRESS **6916 18TH AVENUE EAST**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☒ Change ☐ Addition
NAME **3716 COCONUT TERRACE**
STREET ADDRESS **BRADENTON, FL**
CITY-ST-ZIP **34210**

TITLE **D** ☐ Delete
NAME **ARRASMITH, LARRY W**
STREET ADDRESS **5616 24TH AVENUE EAST**
CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **D** ☐ Delete
NAME **TYSON, THOMAS J**
STREET ADDRESS **1736 31ST AVENUE EAST**
CITY-ST-ZIP **BRADENTON FL 34208**

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

TITLE **D** ☐ Delete
NAME **REINHART, WILLIAM H JR**
STREET ADDRESS **409 46TH STREET WEST**
CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE **D** ☐ Delete
NAME **ROGERS, HANK D**
STREET ADDRESS **26403 61ST AVENUE EAST**
CITY-ST-ZIP **MYAKKA CITY FL 34251**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

Daytime Phone #

CR2E034 (10/02)