

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90599 005 \*\*\*150.00

052798 AV

**DOCUMENT # P98000089537**

1. Entity Name  
**ARKAY SYSTEMS, INC.**

Principal Place of Business  
**7061 S TAMiami TRAIL  
#109  
SARASOTA FL 34231**

Mailing Address  
**PO BOX 20685  
SARASOTA FL 34276-3685**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6981 CURTISS AVENUE**

Suite, Apt. #, etc.  
**SUITE 1**

City & State  
**SARASOTA, FL**

Zip  
**34231**

Country  
**USA**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
**65-0868899**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KOSEY, RONALD F  
7052 N.SERENOA DR.  
SARASOTA FL 34241**

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 *x [Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **1-10-2002**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P KOSEY, RONALD F PO BOX 20685 SARASOTA FL 34276-3685</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO RUGGERI, JON R P.O. BOX 20685 SARASOTA FL 34276-3685</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *x [Signature]* DATE: **1-10-2002** DAYTIME PHONE #: **941-921-5554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)