

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0021901 AV

DOCUMENT # P98000100834



1. Entity Name  
A.R.K. & SON INVESTMENTS G.P., INC.

FILED

03 MAR -3 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4735 ORTEGA BLVD.  
JACKSONVILLE FL 32210

Mailing Address  
ONE INDEPENDENT DRIVE  
SUITE 2600  
JACKSONVILLE FL 32202



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3545314

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, MICHAEL W  
ONE INDEPENDENT DRIVE  
SUITE 2600  
JACKSONVILLE FL 32202

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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  Delete  
NAME DV  
STREET ADDRESS KRUEGER, ADELAIDE R  
C/O 4735 ORTEGA BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME DPS  
STREET ADDRESS KRUEGER, ROSS T  
4735 ORTEGA BLVD.  
CITY-ST-ZIP JACKSONVILLE-FL-32210

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700013339247  
03/03/03--01061--005 \*\*676.25

TITLE  Delete  
NAME DV  
STREET ADDRESS KRUEGER, CORDELIA J  
4735 ORTEGA BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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* *Ross T Krueger*

Date 2-24-03 Daytime Phone #

CR2E034 (10/02)