

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90052 020 \*\*\*150.00

**DOCUMENT # P99000026490**

**1. Entity Name**  
**ARION INTERNATIONAL INC.**

**Principal Place of Business**

**720 GLEN EAGLE DRIVE**  
**WINTER SPRINGS FL 32708**

**Mailing Address**

**720 GLEN EAGLE DRIVE**  
**WINTER SPRINGS FL 32708**

**2. Principal Place of Business**

**315 STAN DR., SUITE 6**

Suite, Apt. #, etc.

**SUITE 6**

City & State

**MELBOURNE, FL**

Zip

**32904**

Country

**USA**

**3. Mailing Address**

**P.O. Box 780729**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

Zip

**32878**

Country

**USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**59-3565489**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ARION, TIM J**

**720 GLEN EAGLE DRIVE**

**WINTER SPRINGS, FL 32708**

**7. Name and Address of New Registered Agent**

Name

**TIM J. ARION**

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

**315 STAN DR**

**SUITE 6**

City

**MELBOURNE**

FL

Zip Code

**32904**

**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]*

**T.J. ARION**

**C.O.B.**

**2/4/02**

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, 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** ☐ Delete  
**NAME** **PD**  
**ARION, TIM J**  
**STREET ADDRESS** **720 GLEN EAGLE DR**  
**CITY-ST-ZIP** **WINTER SPRINGS FL 32708**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition  
**NAME** **PD**  
**ARION, TIM J**  
**STREET ADDRESS** **315 STAN DR., SUITE 6**  
**CITY-ST-ZIP** **MELBOURNE, FL 32904**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**TITLE** ☐ Change ☐ 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**2/4/02 407-366-7443**

CR2E034 (9/01)