

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034223

1. Entity Name

ARBOR TRACE DEVELOPMENT, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90349 043 ***150.00

Principal Place of Business

Mailing Address

1701 HWY. AIA, STE.220
 VERO BEACH FL 32963

1701 HWY. AIA, STE.220
 VERO BEACH FL 32963

753108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1999 Pointe West Dr

3. Mailing Address

1999 Pointe West Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach, FL

4. FEI Number

59-3570346

Applied For

Not Applicable

Zip

32966

Country

USA

Zip

32966

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATCH, IRA C ESQ.
 1701 HWY. AIA, STE.220
 VERO BEACH FL 32963

Name

CHARLES MECHLING

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

1999 Pointe West Dr

City

Vero Beach

FL

Zip Code

32966

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, 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME P
 STREET ADDRESS MECHLING, CHARLES
 CITY-ST-ZIP 1999 POINTE WEST DRIVE
 VERO BEACH FL 32966

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

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS PETRINO, FELIX
 CITY-ST-ZIP 1999 PANTE WEST DRIVE
 VERO BEACH FL 32966

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)