

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State
 05-23-2000 90215 028 ***150.00

DOCUMENT # P99000037148

1. Entity Name
M.J. ARNOLD, INC.

Principal Place of Business Mailing Address
2300 TOWN STREET **2300 TOWN STREET**
PENSACOLA FL 32505 **PENSACOLA FL 32505-5122**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-3627168 Not Applicable

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

6. Name and Address of Current Registered Agent
ARNOLD, MARION J
2300 TOWN STREET
PENSACOLA FL 32505

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 *M.J. Arnold* **M. J. Arnold** **4/26/00**
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, 2000 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	President	<input type="checkbox"/> Delete
NAME	Marion Jesse Arnold	
STREET ADDRESS	P.O. Box 761	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	Ray Arnold Vice President	<input type="checkbox"/> Delete
NAME	202 Magnolia Ave	
STREET ADDRESS	Cantonment, FL 32533	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Delete
NAME	M. J. Arnold	
STREET ADDRESS	1300 JAMES Branch Rd	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	Director	<input type="checkbox"/> Delete
NAME	PAT ARNOLD	
STREET ADDRESS	1300 JAMES Branch Rd	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *M.J. Arnold* **M. J. Arnold** **4/26/00** **950-410-0505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)