

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052052

1. Entity Name

ARTHUR ARTHUR INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90002 022 \*\*\*150.00

Principal Place of Business

Mailing Address

2600 WESTERN PARKWAY  
ORLANDO FL 32803

2600 WESTERN PARKWAY  
ORLANDO FL 32803-1642

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

**ArthurArthur Inc**

6542 US Hwy 41 N, Suite 205A

Apollo Beach FL 33572,

Ph. 813-645-9700 Fx 813-645-9797

Email ArtArtInc@aol.com Lic# 0000617

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Apollo Beach FL 33572,

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Email ArtArtInc@aol.com Lic# 0000617

FEI Number

4. 59-3580445

Applied For

Not Applicable

Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEYWORTH-DAVIS, SIMON J  
2600 WESTERN PARKWAY  
ORLANDO FL 32803

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

20 March 2000

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

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**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	DIANA ARTHUR	
STREET ADDRESS	206 LOOKOUT DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	JEREMY FOSTER-FELL	
STREET ADDRESS	206 LOOKOUT DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	SIMON J. HEYWORTH-DAVIS	
STREET ADDRESS	2600 WESTERN PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANA ARTHUR	
STREET ADDRESS	206 LOOKOUT DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEREMY FOSTER FELL	
STREET ADDRESS	206 LOOKOUT DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON J. HEYWORTH-DAVIS	
STREET ADDRESS	2600 WESTERN PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 employment.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 March 2000

Date

813 645 9700

Daytime Phone #

CR2E034 (9/99)