


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90108 005 ***158.75

12090300 AV

| | |
|------------------------------------|---|
| DOCUMENT # P99000053014 |  |
| 1. Entity Name ARPM INC. | |

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|---|---|
| Principal Place of Business 13919 68TH STREET N WEST PALM BCH FL 33412 | Mailing Address 13919 68TH STREET N WEST PALM BCH FL 33412 |
|---|---|

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|--|--|
| 2. Principal Place of Business 481 PINEVIEW TRAIL Suite, Apt. #, etc. | 3. Mailing Address 481 PINEVIEW TRAIL Suite, Apt. #, etc. |
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|--|--|------------------------------------|---|
| City & State KISSIMMEE, FL | City & State KISSIMMEE, FL | 4. FEI Number 65-0926754 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip 34747 | Country OSCIOLA | Zip 34747 | Country OSCIOLA |

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|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|--|



CHECK HERE IF MAKING CHANGES

| |
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| 6. Name and Address of Current Registered Agent ROSSI, ANAZILMA 13919 68TH STREET N WEST PALM BCH FL 33412 |
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|---|
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 | |
|---|--|
| TITLE V <input checked="" type="checkbox"/> Delete | NAME ROSSI, ASMILSON STREET ADDRESS 13919 68TH STREET N CITY-ST-ZIP WEST PALM BCH FL 33412 |
| TITLE P <input type="checkbox"/> Delete | NAME ROSSI, ANAZILMA STREET ADDRESS 13919 68TH STREET N CITY-ST-ZIP WEST PALM BCH FL 33412 |
| 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 |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY-ST-ZIP |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|
| TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME HERON G. MILAN - V.P. CEO STREET ADDRESS 481 PINEVIEW TRAIL CITY-ST-ZIP KISSIMMEE, FL 34747 |
| 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 |

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: *ANAZILMA ROSSI* **4/9/03** **407-997-3600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)