## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 25, 2002 8:00 am & Secretary of State DOCUMENT # P99000056536 1. Entity Name 03-25-2002 90054 008 \*\*\*150.00 ARCADE CONSTRUCTION, INC. Principal Place of Business Mailing Address 3074 KINGS LAKE BLVD. 3074 KINGS LAKE BLVD. NAPLES FL 34112 NAPLES FL 34112 2. Principal Construction, INC. 3. Mailing Address ARCADE CONSTRUCTION, INC. 3074 Kings Lake Blvd. 8074 Kings Lake Blvd Suite, Apt. #, etNaples, FL 34112 (941) 250-9914 Suite, Apt. #, Naples, FL 34112 DO NOT WRITE IN THIS SPACE (941) 250-9914 Fax. (941) 793-3307 Fax: (941) 793-3307 Applied For City & State 4. FEl Number 65-0933032 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALIN, ADRIAN D Street Address (P.O. Box Number is Not Acceptable) 3074 KINGS LAKE BLVD. NAPLES FL 34112 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Addition CALIN, ADRIAN D NAME NAME 3074 KINGS LAKE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME days labele of I had NAME STREET ADDRESS STREET ADDRESS tige wise o CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 requirate 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 requirate 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 the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of t changed, or on an attachment with an address, with all other like ncowered. 3074 Kings Lake Blvd. Naples, FL 34112

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

(941) 250-9914 Fax: (941) 793-3307

FILED