

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074559

1. Entity Name

ARKNET, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90098 031 ***150.00

Principal Place of Business

Mailing Address

6343 HIGGINBOTHAM DR.
CALLAHAN FL 32011

6343 HIGGINBOTHAM DR.
CALLAHAN FL 32011-3313

2. Principal Place of Business

320 S. Kings Road

Suite, Apt. #, etc.

3. Mailing Address

2015 Lem Turner Road

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CALLAHAN FL

Zip
32011

Country
USA

City & State

CALLAHAN FL

Zip
32011

Country
USA

4. FEI Number

59-3593025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNT, LISA A
3330 LANNIE RD.
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name
FRAN'S TAX SERVICE INC

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

2015 Lem Turner Road

City
CALLAHAN

FL

Zip Code
32011

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 *Frances M. Gaudle*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-00

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 ☐ Delete

NAME
LISA A. Hunt
STREET ADDRESS
3330 LANNIE ROAD
CITY-ST-ZIP
JACKSONVILLE, FL 32218

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lisa A. Hunt* *LISA A. Hunt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

Daytime Phone #