

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90018 004 ***150.00

DOCUMENT # P99000082670

1. Entity Name

DAVID ARRIGONI ENTERPRISES, INC.

Principal Place of Business
 1221 ROGERS ST., STE. 8
 CLEARWATER FL 33756

Mailing Address
 1221 ROGERS ST., STE. 8
 CLEARWATER FL 33756-5900

AAUUJ6J7



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3601132

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARRIGONI, DAVID S
 411 CLEVELAND STREET, STE. 132
 CLEARWATER FL 33755

Name

David ARRIGONI

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

1020 CHARLES STREET

City

CLEARWATER

FL

Zip Code

33755

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **David ARRIGONI**

1/8/99

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	ARRIGONI, DAVID S	
STREET ADDRESS	1221 ROGERS ST., STE. 8	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MUELLER, ALAIN	
STREET ADDRESS	1221 ROGERS ST., STE. B	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

727 639272

Daytime Phone #