

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90465 032 ***150.00

DOCUMENT # P99000106031

1. Entity Name
ARCHIBALD INTERNATIONAL MANAGEMENT, INC.



Principal Place of Business
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

Mailing Address
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3613630**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~AMBURN, JAMES~~
~~28000 SPANISH WELLS BLVD.~~
~~BONITA SPRINGS FL 34135~~

Name **ALLURE ACCOUNTING, LLC**
Street Address (P.O. Box Number is Not Acceptable) **28000 SPANISH WELLS BLVD.**
City **BONITA SPRINGS** **FL** **Zip Code** **34135**

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 *Friedrich Schmitt* **FRIEDRICH SCHMITT, MGR**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

03/10/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVT** ☐ **Delete**
NAME **MENGER, WOLF**
STREET ADDRESS **28000 SPANISH WELLS BLVD.**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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: *WOLF MENGER* **2-10-03** **239-992-3355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)