

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23854

1. Entity Name

ARNOLD INVESTIGATIONS, INC.

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90083 023 \*\*\*150.00

Principal Place of Business

Mailing Address

4114 HERSCHEL ST  
JACKSONVILLE FL 32210

4114 HERSCHEL ST  
JACKSONVILLE FL 32210-2262

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 59-3049940

Applied For

Not Applicable

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

ARNOLD, BOB

~~4005 LONG BOW RD.~~  
JACKSONVILLE FL 32210

Name

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

4114 Herschel St,  
City JACKSONVILLE FL Zip Code 32210

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

*Bob Arnold*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME ☐ Delete  
D ARNOLD, J. ROBERTSON  
STREET ADDRESS ~~4005 LONG BOW RD.~~  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE NAME ☒ Change ☐ Addition  
4114 Herschel St,  
STREET ADDRESS JACKSONVILLE, FL  
CITY-ST-ZIP 32210

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 thereto, or in any other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00 904-381-9119  
Date Daytime Phone #

CR05EN24 (0/00)