

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 523854

1. Entity Name
ARNOLD INVESTIGATIONS, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 JUL -9 AM 11:26

Principal Place of Business **Mailing Address**

4114 Herschel ST. 4114 Herschel ST.
JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

06-22-01 90184 015 \$150.00
 DO NOT WRITE IN THIS SPACE

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 4114 Herschel ST. JACKSONVILLE, FL 32210

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

(See criteria on back)

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D. ARNOLD, J. Robertson</u> <u>4114 Herschel ST.</u> <u>JACKSONVILLE, FL 32210</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: J. Robertson Arnold 7/5/2001 904-381-9119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if

CR2E034 (11/00)



ARNOLD INVESTIGATIONS, INC.

4114 HERSCHEL STREET
JACKSONVILLE, FLORIDA 32210

BOB ARNOLD
PRESIDENT

TEL: 904-381-9119
FAX: 904-381-1912

7/5/2001

Jay Kassees
Director,
Division of Corporations

Per our telephone conversation, 7/3/2001,
enclosed is the completed 2001 Uniform Business
Report which "was never received." This form
was downloaded from your internet site.
A copy of my check (sent 6/1/2001) is also
enclosed.

Thank you again, for your assistance
in this matter.

Sincerely,
Bob Arnold

4075

ARNOLD INVESTIGATIONS, INC.
4114 HERSCHEL ST., SUITE 115
JACKSONVILLE, FL 32210
(904) 381-9119

JACKSONVILLE POLICE
FEDERAL CREDIT UNION
P. O. BOX 52895
JACKSONVILLE, FL 32201-2895
63-7928/2630

6/21/2001

PAY TO THE
ORDER OF

Department of State

\$ *150.00*

one Hundred Fifty Dollars & 00/100

DOLLARS

FOR

Bob Arnold

⑈004075⑈ ⑆263079289⑆ 0005697079⑈