

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S66007

1. Entity Name
ESCAROSA INC.

Principal Place of Business
1176 HIGHWAY 95-A NORTH
CANTONMENT FL 32533

Mailing Address
1176 HIGHWAY 95-A NORTH
CANTONMENT FL 32533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3075903

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

ARNETTE, LESLIE DEWAYNE
1974 VIRECENT ROAD
CANTONMENT FL

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

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, 2001 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 DPT
NAME ARNETTE, LESLIE D.
STREET ADDRESS 1974 VIRECENT ROAD
CITY-ST-ZIP CANTONMENT FL ☐ Delete

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

TITLE DVS
NAME ARNETTE, SHEILA C.
STREET ADDRESS 1974 VIRECENT ROAD
CITY-ST-ZIP CANTONMENT FL ☐ Delete

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

TITLE M
NAME ARNETTE, B. RHETT
STREET ADDRESS 1176 HIGHWAY 95-A NORTH
CITY-ST-ZIP CANTONMENT FL ☐ Delete

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

TITLE M
NAME ARNETTE, L. CHASE
STREET ADDRESS 1176 HIGHWAY 95-A NORTH
CITY-ST-ZIP CANTONMENT FL ☐ 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

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:

Leslie D. Arnette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 April 01
Date

850-968-9362
Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90981 033 ***150.00