

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90024 035 ***150.00

DOCUMENT # S89058

1. Entity Name
S. ARTHUR AND COMPANY, INC.

Principal Place of Business 2395 BELLEVUE AVE STE B DAYTONA BEACH 32114 US	Mailing Address 2395 BELLEVUE AVE STE B DAYTONA BEACH FL 32114 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1790 Turtle Hill RD Suite, Apt. #, etc.	3. Mailing Address 1790 Turtle Hill RD Suite, Apt. #, etc.
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City & State Enterprise, Florida	City & State Enterprise, Florida	4. FEI Number 59-3100987	Applied For <input type="checkbox"/> Not Applicable
Zip 32725	Country USA	Zip 32725	Country USA

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

6. Name and Address of Current Registered Agent
**STEINER, SUZANNE
 2395 BELLEVUE AVE
 STE B
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent
 Name **Steiner, Suzanne**
 Street Address (P.O. Box Number is Not Acceptable)
1790 Turtle Hill RD
 City **Enterprise** FL Zip Code **32725**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete STEINER, SUZANNE 2395 BELLEVUE AVE SUITE B DAYTONA BEACH FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Steiner Suzanne 1790 Turtle Hill RD Enterprise, Fl. 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Suzanne Steiner** **Suzanne Steiner** **2-13-01** **407-324-4063**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)