## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 27, 2000 08:00 AM DOCUMENT # V14808 1. Entity Name **Secretary of State** ARH SERVICE CORP. Principal Place of Business Mailing Address 13922 58TH STREET NORTH 13922 58TH STREET NORTH CLEARWATER FL CLEARWATER FL 33760 33760 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3220736 Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARTON 13922 58TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) CLEARWATER 34620 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. 03/27/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete Change X Addition NAME NAME GLOBETTI JOHN STREET ADDRESS STREET ADDRESS 5675 STRAND COURT CITY-ST-ZIP CITY-ST-ZIP NAPLES TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BUFTER STEVE STREET ADDRESS 3000F IMMOKALEE ROAD STREET ADDRESS CITY-ST-ZIF NAPLES FI. CITY-ST-718 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME CATENAC GARY NAME STREET ADDRESS 2535 LANDMARK DR, STE 107 STREET ADDRESS CITY-ST-ZIP CLEARWATER CITY-ST-ZIP TITLE ☐ Defete D TITLE ☐ Change ☐ Addition NAME LYONS BOBBY NAME 12220 TOWNE LAKE DRIVE, SUITE 01 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL, CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NUGENT PATRICK NAME STREET ADDRESS 13922 58TH ST. N STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33760 CITY-ST-ZIP TITLE ☐ Delete XI Change TITLE ☐ Addition NAME GARTON LORI GARTON LORI NAME STREET ADDRESS 13922 58TH ST., NO. 13922 58TH ST N STREET ADDRESS CITY-ST-ZIP CLEARWATER CLEARWATER 03420 CITY-ST-7/2 33760

**FILED** 

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<sup>13.</sup> 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.