

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
 05-19-2000 90031 034 ***150.00

DOCUMENT # V25160

1. Entity Name

ARCS SAFETY SEAT, INC.

Principal Place of Business

**7108 FAIRWAY DR.
 SUITE 200
 PALM BEACH GARDENS FL 33418-3757**

Mailing Address

**7108 FAIRWAY DR.
 SUITE 200
 PALM BEACH GARDENS FL 33418-3757**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0332029

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

**HARRIS, MICHAEL D.
 1645 PALM BCH LAKES BLVD
 STE 550
 WEST PALM BEACH FL 33401**

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, 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	CD	<input checked="" type="checkbox"/> Delete
NAME	LANDOW, STUART	
STREET ADDRESS	7108 FAIRWAY DR, STE 200	
CITY-ST-ZIP	PLM BCH GRDNS FL 33418	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	NATAN, DAVID	
STREET ADDRESS	7108 FAIRWAY DR., STE. 200	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418-3757	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	WILLIS, JR W C	
STREET ADDRESS	7108 FAIRWAY DR, STE 200	
CITY-ST-ZIP	PBG FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURD, RONALD P	
STREET ADDRESS	444 DEVEREUX DR	
CITY-ST-ZIP	VILLANOVA PA 19085	
TITLE	D	<input type="checkbox"/> Delete
NAME	VICKAR, KERRY L	
STREET ADDRESS	701 RICKERT ST	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENNEN, JEFF G	
STREET ADDRESS	258 HANOVER VRD	
CITY-ST-ZIP	FLORHAM PARK NJ 07932	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

Daytime Phone #

CR2E034 (9/99)