

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90014 001 ***158.75

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

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7108 FAIRWAY DRIVE

Suite, Apt. #, etc.

SUITE 130

City & State

PALM BEACH GARDENS, FL

Zip

33418

Country

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 130

City & State

SAME

Zip

SAME

Country

4. FEI Number

65-0332029

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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	VT	<input checked="" 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
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

4/30/02

Date

581-775-5756

Daytime Phone #

CR2E034 (9/01)