

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90084 023 ***150.00

DOCUMENT # V34709

1. Entity Name
ARNOLD & ARNOLD INVESTMENTS, INC.



Principal Place of Business
~~1100 COMMERCIAL BLVD~~
~~SUITE 118~~
~~NAPLES FL 34104~~

Mailing Address
~~1100 COMMERCIAL BLVD~~
~~SUITE 118~~
~~NAPLES FL 34104~~

2. Principal Place of Business
3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104

3. Mailing Address
3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104



☐ CHECK HERE IF MAKING CHANGES

Zip **Country**

Zip **Country**

4. FEI Number **65-0344852**

Applied For
Not Applicable

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

ARNOLD, DONALD L.
~~1100 COMMERCIAL BLVD SUITE #118~~
~~NAPLES FL 34104~~

Name
Street Address (P.O. Box Number is Not Acceptable)
3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ARNOLD, DEAN A.**
STREET ADDRESS ~~1100 COMMERCIAL BLVD SUITE 118~~
CITY-ST-ZIP ~~NAPLES FL 33104~~

TITLE **NAME** **3073 SOUTH HORSESHOE DRIVE** ☒ Change ☐ Addition
STREET ADDRESS **SUITE 118**
CITY-ST-ZIP **NAPLES, FLORIDA 34104**

TITLE **D** ☐ Delete
NAME **WRIGHT, TAMARA A**
STREET ADDRESS ~~1100 COMMERCIAL BLVD SUITE 118~~
CITY-ST-ZIP ~~NAPLES FL 34104~~

TITLE **NAME** **3073 SOUTH HORSESHOE DRIVE** ☒ Change ☐ Addition
STREET ADDRESS **SUITE 118**
CITY-ST-ZIP **NAPLES, FLORIDA 34104**

TITLE **D** ☐ Delete
NAME **ARNOLD, ANDREA K.**
STREET ADDRESS ~~1100 COMMERCIAL BLVD SUITE 118~~
CITY-ST-ZIP ~~NAPLES FL 34104~~

TITLE **NAME** **3073 SOUTH HORSESHOE DRIVE** ☒ Change ☐ Addition
STREET ADDRESS **SUITE 118**
CITY-ST-ZIP **NAPLES, FLORIDA 34104**

TITLE **D** ☐ Delete
NAME **ARNOLD, DONALD L.**
STREET ADDRESS ~~1100 COMMERCIAL BLVD SUITE 118~~
CITY-ST-ZIP ~~NAPLES FL 34104~~

TITLE **NAME** **3073 SOUTH HORSESHOE DRIVE** ☒ Change ☐ Addition
STREET ADDRESS **SUITE 118**
CITY-ST-ZIP **NAPLES, FLORIDA 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03
Date **Daytime Phone #**

CR2E034 (10/02)