

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 299093

1. Entity Name

ARLINGTON APARTMENTS INC

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90183 031 ***150.00

Principal Place of Business

6711 E CYPRESSHEAD DR
PARKLAND FL 33067
US

Mailing Address

6711 E CYPRESSHEAD DR
PARKLAND FL 33067-1605
US

2. Principal Place of Business

3034 LIPSCOMB STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

MELOURNE FL

City & State

Zip

Country

32901

Country

4. FEI Number

59-6998703

Applied For

Not Applicable

5.- Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, JUDY ABERCROMB
2760 EGRET WAY
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6711 E CYPRESSHEAD DR

City

PARKLAND

FL

Zip Code

33067

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
PARKER, JUDY ABERCROMB
6711 E CYPRESSHEAD DR
PARKLAND FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PARKER, PATRICK T
6711 E CYPRESSHEAD DR
PARKLAND FL 33067 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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☐ Change ☐ 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 697, 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 persons empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)