2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State
02-02-2000 90127 027 ***150.00

DOCUMENT # 580996

1. Entity Name

ARLINGTON TOYOTA, INC.

Principal Place of Business	Mailing Address
8445 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211	8445 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32225-2930

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10939 Atlantic Blvd Suite, Apt. #, etc.	10939 Atlantic Blvd Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32225 Country: USA	Zip: 32225 Country: USA

4. FEI Number 59-1835181 ☐ 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
BROOKS, EYRIE 8445 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211	Name: Brooks, Eyrie Street Address (P.O. Box Number is Not Acceptable): 10939 Atlantic Blvd. City: Jacksonville, FL **FL** Zip Code: 32225

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 X K Brooks Eyrie Brooks 01-28-2000
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. PTD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BROOKS, EYRIE 8445 ARLINGTON EXPWY JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Brooks, Eyrie 10939 Atlantic Blvd Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BROOKS, KAY L. 8445 ARLINGTON EXPWY JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD Brooks, Kay L. 10939 Atlantic Blvd Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MCCORMICK, R. MILLER, JR 8445 ARLINGTON EXPWY JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD mccormick, R. Miller, JR 10939 Atlantic Blvd Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: X K Brooks Eyrie Brooks 01-28-2000 904 7213000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #