

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
 03-02-2000 90115 037 ***150.00

DOCUMENT # 605563

1. Entity Name

ARLINGTON BUSINESS EQUIPMENT, INC.

Principal Place of Business

Commerce ST
JACKSONVILLE FL 32211

Mailing Address

5837 COMMERCE ST
JACKSONVILLE FL 32211-5359

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1888363

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYETT, FRED
10724 KAREN GALE LANE
JACKSONVILLE FL 32225

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, 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

PDVT

NAME

BOYETT, FRED

STREET ADDRESS

10724 KAREN GALE LANE

CITY-ST-ZIP

JACKSONVILLE, FL 00000

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

VD

NAME

Keathley, Ormon M. Jr.

STREET ADDRESS

1701 Bay Circle East

CITY-ST-ZIP

Orange Park, FL 32073

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.



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

SIGNATURE: *[Signature]* 2/23/00 (904) 743-3252
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #