

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 605563

1. Entity Name

ARLINGTON BUSINESS EQUIPMENT, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90069 001 ***150.00

Principal Place of Business 5837 COMMERCE ST JACKSONVILLE FL 32211	Mailing Address 5837 COMMERCE ST JACKSONVILLE FL 32211
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1888363	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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 MELANIE A. KEATHLEY Street Address (P.O. Box Number is Not Acceptable) 1701 BAY CIRCLE E. City ORANGE PARK FL Zip Code 32073
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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 Melanie A. Keathley, MELANIE A. KEATHLEY PRESIDENT/CEO 1/23/01
Signature, typed or printed name of registered agent (if title is 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, 2001 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTV BOYETT, FRED 10724 KAREN GALE LANE JACKSONVILLE, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/CEO (PC) MELANIE A. KEATHLEY 1701 BAY CIRCLE E. ORANGE PARK, FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEATHLEY, ORMON M JR. 1701 BAY CIR EAST ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Melanie A. Keathley, PRESIDENT/CEO 1/23/01 (904) 743-3252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)