

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**  
 02-24-2002 90065 013 \*\*\*150.00

**DOCUMENT # F00000006594**

1. Entity Name  
**THE ARTHUR WILBUR COMPANY, INC.**

Principal Place of Business  
**3740-F RESVKE DR**  
**TUSCALOOSA AL 35401**

Mailing Address  
**PO BOX 3089**  
**TUSCALOOSA AL 35403**

BU031100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3740-F Resource Dr**

3. Mailing Address  
**4446 Hendricks Ave**

Suite, Apt. #, etc.  
**Suite # 399**

City & State  
**Tuscaloosa AL 35401**

City & State  
**Jacksonville, FL**

4. FEI Number  
**58-2344674**

Applied For  
☐ Not Applicable

Zip  
**35401**

Country  
**Tuscaloosa**

Zip  
**32207**

Country  
**FL**

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**

**BURKE, NATHANIEL D**  
**4905 BELFORT RD, STE 110**  
**JACKSONVILLE FL 32207**

Name  
**Burke, Nathaniel D.**

Street Address (P.O. Box Number is Not Acceptable)  
**4446 Hendricks Ave # 399**

City  
**Jacksonville**

FL Zip Code  
**32207**

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 **Nathaniel D. Burke** **2/4/02**

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, 2002 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	<b>P</b> <b>ROBERTSON III, WARD D</b> <b>3305 30TH ST.</b> <b>NORTHPORT AL</b>	<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	<b>ST</b> <b>BURKE, NATHANIEL D</b> <b>1227 EUTAW PL</b> <b>JACKSONVILLE FL</b>	<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
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
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
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: **Nathaniel D. Burke** **2/4/02** **904-739-8002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)