

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90152 032 \*\*\*550.00

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**DOCUMENT # F97000006455**

**1. Entity Name**  
**ARNOLD TRANSPORTATION SERVICES, INC.**



**Principal Place of Business**  
**451 FREIGHT ST.**  
**CAMP HILL PA 17011**

**Mailing Address**  
**4410 INDUSTRIAL PARK ROAD**  
**CAMP HILL PA 17011**

**2. Principal Place of Business**

**3. Mailing Address**

**451 Freight St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Camp Hill PA**

Zip

Country

Zip

Country

**17011**

**USA**

**4. FEI Number 23-1582737**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WALTERS, MIKE	451 FREIGHT ST.	CAMP HILL PA 17011	<input type="checkbox"/>
SD	GASPAROVIC, JOHN J	1077 GORGE BLVD.	AKRON OH 44310	<input checked="" type="checkbox"/>
T	BONI III, JOSEPH R	1077 GORGE BLVD.	AKRON OH 44310	<input checked="" type="checkbox"/>
CD	WICKHAM, MICHAEL	1077 GORGE BLVD.	AKRON OH 44310	<input checked="" type="checkbox"/>
P	ENCK, DOUGLAS B	451 FREIGHT ST.	CAMP HILL PA 17011	<input checked="" type="checkbox"/>
D	GUEST, GLENN A	451 FREIGHT ST.	CAMP HILL PA 17011	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Erik Samartino Vice Pres.	451 Freight St.	Camp Hill PA 17011	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Regina Vocum* 9/8/03 717 730 8725  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)