

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006143

1. Entity Name

ARTHUR MACHINERY, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90096 023 ***150.00

Principal Place of Business

Mailing Address

2501 LANDMEIER ROAD
ELK GROVE VILLAGE IL 60007

2501 LANDMEIER ROAD
ELK GROVE VILLAGE IL 60007-2626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-3250679

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

GEORGEN, DANIEL T
6302 BENJAMIN ROAD SUITE 405
TAMPA FL 33634

Name

BOB ARTHUR
Street Address (P.O. Box Number is Not Acceptable)

6302 BENJAMIN ROAD SUITE 405

City

TAMPA,

FL

Zip Code

33634

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

1/17/2000

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	ARTHUR, ROBERT W	
STREET ADDRESS	2501 LANDMEIER ROAD	
CITY-ST-ZIP	ELK GROVE VILLAGE IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ARTHUR, CHAD D	
STREET ADDRESS	2501 LANDMEIER ROAD	
CITY-ST-ZIP	ELK GROVE VILLAGE IL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GEORGEN, DANIEL T	
STREET ADDRESS	2501 LANDMEIER ROAD	
CITY-ST-ZIP	ELK GROVE VILLAGE IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FABER, GEORGE E	
STREET ADDRESS	707 B DAVIS ROAD, STE 201	
CITY-ST-ZIP	ELGIN IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/2000 847-593161