

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G51650

1. Entity Name

ARMAY EQUITIES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90167 046 \*\*\*150.00

Principal Place of Business

Mailing Address

41 NORTH BELTLINE HWY  
 MOBILE AL 36608-1201  
 US

P.O. BOX 160306  
 MOBILE AL 36616-1306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **68-0853181**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAINT, JOHN D	
STREET ADDRESS	41 NORTH BELTLINE HWY	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY, DONALD P JR.	
STREET ADDRESS	41 NORTH BELTLINE HWY	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEFAN, CHESTER J	
STREET ADDRESS	41 NORTH BELTLINE HWY	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ISHEE, WILLIAM H	
STREET ADDRESS	41 NORTH BELTLINE HWY	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WESCH, PAUL C	
STREET ADDRESS	41 NORTH BELTLINE HWY	
CITY-ST-ZIP	MOBILE AL 36608	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

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 employment.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 (334) 380-2929

CR2E034 (9/99)