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## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: William C. Cuflin J.
SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OF FICER OR DIRECTOR

## Jan 29, 2001 8:00 am DOCUMENT # G76161 **Secretary of State** 1. Entity Name ARFLIN PROMOTIONS, INC. 01-29-2001 90103 042 \*\*\*150.00 Principal Place of Business Mailing Address 1621 W. RIVERSIDE DR. 1621 W. RIVERSIDE DR. MELBOURNE FL 32935 MELBOURNE FL 32935 OTODAQ 2, Principal Place of Business 1691 RIVERSIDE DR 1621 RIVERSIDE DR DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2367580 MELBOURNE, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARFLIN, WILLIAM C. JR. Street Address (P.O. Box Number is Not Acceptable) 1621 W. RIVERSIDE DR. **MELBOURNE FL 31935** MELBOURNE 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change TITLE ARFLIN, WILLIAM C JR NAME NAME 1621 RIVERSIDE DR STREET ADDRESS STREET ADDRESS 1621 W. RIVERSIDE DR. MELBOURNE, FL 32935 CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** TITLE TITLE ☐ Delete ARFLIN, DARLENE NAME NAME STREET ADDRESS STREET ADDRESS 1621 W. RIVERSIDE DR CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** TITLE TITLE ∵⊡ •Delete → NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 accuracy with all other components.