

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H42864**

1. Entity Name
ARLINGTON MACHINE WORKS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90338 046 ***150.00

Principal Place of Business 1700 E CHURCH ST JACKSONVILLE FL 32202 US	Mailing Address 1700 E CHURCH ST JACKSONVILLE FL 32202 US
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00040005



DO NOT WRITE IN THIS SPACE

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 59-2505815	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PROBST, ERNEST FRED, SR 1700 E CHURCH ST JACKSONVILLE FL 32202	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 (applicable)

(NOTE: Registered Agent signature required when transferring)

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, 2001 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		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP PROBST, ERNEST FRED, SR 1700 E CHURCH ST JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 Book 11 or Book 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ERNEST F. Probst Sr.** *Ernest F. Probst Sr.* 04/23/01 904-354-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)