2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J44165 1. Entity Name

R & R ARLINGTON CHEVRON, INC.

FILED May 08, 2000 8:00 am Secretary of State 05-08-2000 90051 010 ***150.00

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AND ACKSONVILLE FL 32211 ACKSONVILLE FL 32207 ACKSONVILLE FL 322	Principal Plac	e of Busines	s	Mailing Ad	ddress	_							
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City & State Country Country Country S. Cartificate of Status Desired SR.75 Additional Fee Required FILE MODOCOCK R. SUITE 101 JACKSONVILLE FL 32207 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida. SIGNATURE Register of printed name of maintenand agent and title if addicable (NOTE, Registered Agent segment engaged when remaining) PILE Symptom. Special or printed name of maintenand agent and title if addicable (NOTE, Registered Agent segment engaged when remaining) PILE Symptom. Special or printed name of maintenand agent and title if addicable (NOTE, Registered Agent segment engaged when remaining) PILE Symptom. Special or printed name of maintenand agent and title if addicable (NOTE, Registered Agent segment engaged when remaining) PILE Symptom. Special or printed name of maintenand agent and title if addicable (NOTE, Registered Agent segment engaged when remaining) PARE Symptom. Special or printed name of maintenand agent and title if addicable (NOTE, Registered Agent segment engaged when remaining) DATE 19. This corporation is eligible to satisfy its Intanaglible Tax filing requirement and elects to do so (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP TATER, ALBERT S. STREET ADDRESS STREET AD	2. Principal P	Place of Busin	ness	3. Mailing	Address			-					
Zip Country Zip Country S, Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$1.0 Election Campaign Financing Trust Fund Contribution. Added to Fees (See criteria on back) Delete Title	Suite, Apt.	#, etc.		Suite, A	Suite, Apt. #, etc.				DO NOT	WRITE IN TH	IIS SP/	ACE	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TROMBERG, FRED 4151 WOODCOCK DR. SUITE 101 JACKSONVILLE FL 32207 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, typinal name of registered agent and tells if applicable. (NOTE: Registered Agent agenture required shear remitatory) P. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP ZEATER, ALBERT S. SIRRET ADDRESS SIRRET ADDRE	City & State	te		City & S	tate			4. F	FEI Number 59-2743	021			oplied For ot Applicable
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### 151 WOODCOCK DR. SUITE 101 JACKSONVILLE FL 32207 City FL Zip Code 6. 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 Separature, typed or purised name of registered agent and 18 of it applicable. (NOTE: Registered Agent signature required when reintitating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT IT IT IN IT IT IT IS IN IT IS IN IT IN IT IN IT IN IT IN IT IS IN IT IN IN IT I	-						Name						
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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 direction 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 1 changed, or on an attachment with an address, with all other like empowered.	indicated of the cor	d on this repo rporation or t	rt or supplemental report i he receiver or trustee emp	is true and acc lowered to exe	urate and that cute this repor	my signa rt as requi	iture shall have :	the same.	legal effect as it made un	der oath: tha	atlam	ı an oπicer	r or alrector