

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K22476

1. Entity Name

BILL ARRINGTON INSURANCE, INC.

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90139 050 ***150.00

Principal Place of Business

Mailing Address

13540-A WALSINGHAM ROAD
LARGO FL 34644
US

13544-A WALSINGHAM RD
LARGO FL 33774-3529
US

2. Principal Place of Business

3. Mailing Address

12947 WALSINGHAM RD
Suite, Apt. #, etc.
#304

Same

City & State

City & State

LARGO, FL

Zip
33774

Country
Puerto Rico

Zip

Country

4. FEI Number

59-2885600

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

WOLDSETH, JAMES R.
11590 SEMINOLE BLVD, A-6
LARGO FL 33778

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

TITLE D
NAME ARRINGTON, BILL
STREET ADDRESS 14565 EL PASEO DR
CITY-ST-ZIP SEMINOLE FL ☐ Delete

TITLE P
NAME ARRINGTON, BILL
STREET ADDRESS 13540 A WALSINGHAM RD.
CITY-ST-ZIP LARGO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 202 SAND Key Estates DR
CITY-ST-ZIP CLEARWATER, FL 33767 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-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)(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 empowered.

SIGNATURE:

William H. Arrington
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone

1/28/00
727-595-8405