

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90004 040 ***150.00

DOCUMENT # K22476

1. Entity Name
BILL ARRINGTON INSURANCE, INC.

Principal Place of Business

12947 WALSINGHAM RD
304
LARGO FL 33774
US

Mailing Address

12947 WALSINGHAM RD
304
LARGO FL 33774
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

Name **MARK S. POHLMAN**

Street Address (P.O. Box Number is Not Acceptable)

801 WEST BAY DRIVE #115

City **LARGO**

FL

Zip Code **33770**

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 *Mark S. Pohlman* **MARK S. POHLMAN** 1-11-02
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees** ☒ Trust Fund Contribution

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ARRINGTON, BILL**
STREET ADDRESS **202 SAND KEY ESTATES DR**
CITY-ST-ZIP **CLEARWATER FL 33767**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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 empowered.

SIGNATURE: *William A. Arrington*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 727-595-8405
Date Daytime Phone #

CR2E034 (9/01)