

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90588 029 \*\*\*150.00

**DOCUMENT # K81810**

1. Entity Name  
**ARTA BINTANG, INC.**

Principal Place of Business <b>8629 LEM TURNER RD          JACKSONVILLE FL 32208</b>	Mailing Address <b>8629 LEM TURNER RD          JACKSONVILLE FL 32208</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>11250 OLD ST. AUG RD</b>	3. Mailing Address
Suite, Apt. #, etc. <b># 24</b>	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE FL</b>	City & State	4. FEI Number <b>59-2948759</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32259</b>	Country <b>DUVAL</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GUPTON, C J  
 8823 LEM TURNER  
 JACKSONVILLE FL 32208**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>YEOMANS, S.</b> <b>2444 STONEBRIDGE DRIVE</b> <b>ORANGE PARK FL 32065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>YEOMANS, PRENTICE</b> <b>2444 STONEBRIDGE DRIVE</b> <b>ORANGE PARK FL 32065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 *Prentice S Yeomans* **PRENTICE S YEOMANS** 2/12/2001 292 9121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)