

# 2001 UNIFORM BUSINESS REPORT (UBR)

003196 SP

DOCUMENT # L99000009085

1. Entity Name

ARLINGTON AUTO MART, L.L.C.

FILED

01 FEB -5 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8625-7 ALTON AVENUE  
SUITE 7  
JACKSONVILLE FL 32211

Mailing Address

8625-7 ALTON AVENUE  
SUITE 7  
JACKSONVILLE FL 32211

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..

59-3609693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULMER, JOHN D  
8625-7 ALTON AVENUE  
SUITE 7  
JACKSONVILLE FL 32211

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

700003662357--0

-02/08/01--01112--001

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

B  
PAIR, CARL  
4625 HARTMAN RD.  
JACKSONVILLE FL 32225

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SEC  
FULMER, PAT  
4829 WALNUT GROVE COURT  
JACKSONVILLE FL 32225

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

B  
MYERS, RON  
6868 ARLINGTON EXP  
JACKSONVILLE FL 32225

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*John D. Fulmer* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FEB. 1, 2001 904-727-0048

Date

Daytime Phone #

CR2E083 (11/00)