

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009085

1. Entity Name

ARLINGTON AUTO MART, L.L.C.

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

SAME AS ABOVE
Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE
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

John D. Fulmer
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

B
PAIR, CARL
4625 HARTMAN RD.
JACKSONVILLE FL 32225

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

SEC
FULMER, PAT
4829 WALNUT GROVE COURT
JACKSONVILLE FL 32225

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

B
MYERS, RON
6868 ARLINGTON EXP
JACKSONVILLE FL 32225

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

1-8-02 904-777-0042

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90014 031 ****50.00

902520



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)