

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

02-26-2002 90162 035 ****61.25

DOCUMENT # N93000003377

1. Entity Name

OLD ARLINGTON INC.

Principal Place of Business

Mailing Address

7866 GLEN ECHO RD. N.
 JACKSONVILLE FL 32211

7866 GLEN ECHO RD. N.
 JACKSONVILLE FL 32211

2. Principal Place of Business

1405 Carlotta Road West

3. Mailing Address

P. O. Box 15403

Suite, Apt. #, etc.
 Jacksonville, FL

Suite, Apt. #, etc.
 Jacksonville, FL

City & State

City & State

Zip

Country
 Duval

Zip

Country
 Duval

4. FEI Number **59-3193543**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BURT, LESLIE ANN
 7866 GLEN ECHO RD. N.
 JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

Marcella A. Lowe

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

1405 Carlotta Road, West

City **Jacksonville**

FL Zip Code **32211**

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 *Marcella A. Lowe*

Marcella A. Lowe

January 31, 2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **BURT, LESLIE ANN**
 STREET ADDRESS **7866 GLEN ECHO RD. N.**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **SD** ☐ Delete
 NAME **EVANS, KATHLEEN** *Director*
 STREET ADDRESS **7809 GLEN ECHO RD. N.** *Secretary*
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **TD** ☐ Delete
 NAME **LOWE, MARCELLA** *Director*
 STREET ADDRESS **1405 CARLOTTA RD. W.** *Treasurer*
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** *Director* ☒ Change ☐ Addition
 NAME **Johnson Hagood Pace, Jr.**
 STREET ADDRESS **701 Hogan St.**
 CITY-ST-ZIP **Jacksonville, FL 32202** ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME *Only Director change was*
 STREET ADDRESS *Johnson Pace replaced*
 CITY-ST-ZIP *Ann Burt as President*

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcella A. Lowe*

Marcella A. Lowe (Treasurer) 1-31-02

(904) 724-3003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)