2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 MAR 21 AM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003377

1. Entity Name
OLD ARLINGTON INC.

Principal Place of Business	Mailing Address
1405 CARLOTTA ROAD WEST JACKSONVILLE FL 32211	P.O. BOX 15403 JACKSONVILLE FL 32239

1/27/03 90196 005 $61.25

2. Principal Place of Business	3. Mailing Address
1261 ALDERMAN RD E	P O Box 15403 32239
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FN	City & State: JACKSONVILLE
Zip: 32211 Country: DUVAL	Zip: ~~FL~~ 32239 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	7. Name and Address of New Registered Agent
LOWE, MARCELLA A 1405 CARLOTTA RD WEST JACKSONVILLE FL 32211	Name: WAVERLY FANT Street Address (P.O. Box Number is Not Acceptable): 1261 ALDERMAN RD E 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Marcella A Lowe Waverly F. Fant 1-14-03
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 Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PACE, JOHNSON H JR 701 HOGAN ST JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR Johnson Haggood Pace, Jr. 701 Hogan St Jacksonville, FL 32202	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EVANS, KATHLEEN 7809 GLEN ECHO RD. N. JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/DIRECTOR Kathleen Evans 7809 Glen Echo Rd. N. Jacksonville, FL 32211	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOWE, MARCELLA 1405 CARLOTTA RD. W. JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER/DIRECTOR WAVERLY FANT 1261 ALDERMAN RD E JACKSONVILLE, FL 32211	☒ Change ☐ Addition
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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED January 14 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #