

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006210

1. Entity Name

ACCESSORIES RESOURCE TEAM I, INC.

Principal Place of Business

6600 34TH AVE. NORTH
ST. PETERSBURG FL 33710

Mailing Address

6600 34TH AVE. NORTH
ST. PETERSBURG FL 33710

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3287834

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIGHT, NATURAL
HARVEY HOLLINGSWORTH
P O BOX 16449
PANAMA CITY FL 32406

7. Name and Address of New Registered Agent

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LINDSEY, KRIS
P O BOX 1900
STUTTGART AR 72160-1900 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
TAYLOR, MARY
2007 ROYAL LANE, SUITE 190
DALLAS TX 75229 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MAYFIELD, PAT
5154D MONACO DR
PLEASANTON CA 94566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GALBRAITH, ALAN
2816 COMMODORE DR
CARROLLTON TX 75007 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HIRSCH, STEVE
4300 N KNOX AVE
CHICAGO IL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLLINGSWORTH, HARVEY
P O BOX 16449
PANAMA CITY FL 32406 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
Sharon Davis
2320 Greenway Ave
Charlotte NC 28204 ☐ Change ☒ Addition

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

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

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

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

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

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:

Harvey Hollingsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90091 019 ****61.25

00030082



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)