

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90399 022 *****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3287834**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **ED** ☐ Delete
NAME **DAVIS, SHARON**
STREET ADDRESS **2320 GREENWAY AVE.**
CITY-ST-ZIP **CHARLOTTE NC 28204**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

4/17/03

870-673-1518

Date

Daytime Phone #

CR2E037 (10/02)