

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007873

1. Entity Name

DARCY ARRINGTON, A.S.I.D., INC.

Principal Place of Business

2668 SHRIVER DRIVE
FORT MYERS FL 33901

Mailing Address

2668 SHRIVER DRIVE
FORT MYERS FL 33901

2. Principal Place of Business

1376 Shadow Lane

Suite, Apt. #, etc.

3. Mailing Address

PMB 391-318

Suite, Apt. #, etc.

5100 S. Cleveland Ave

City & State

FT Myers FL

Zip

33901

Country

Lee

City & State

FT Myers FL

Zip

33907

Country

Lee

4. FEI Number

65-0991204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMOOT, TOM III
1533 HENDRY STREET, SUITE 200
FORT MYERS FL 33901

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME ARRINGTON, DARCY
STREET ADDRESS 2668 SHRIVER DRIVE
CITY-ST-ZIP FORT MYERS FL 33901 ☐ Delete

TITLE VTD
NAME DODD, JOHN A
STREET ADDRESS 1228 COCONUT DRIVE
CITY-ST-ZIP FORT MYERS FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1376 Shadow Lane
CITY-ST-ZIP FT Myers FL 33901 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1223 Coconut Ln
CITY-ST-ZIP FT Myers, FL 33901 ☒ 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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90092 043 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)