

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90099 035 ***150.00

DOCUMENT # P00000100942

1. Entity Name
ARRINGTON MORTGAGE SERVICES, INC.



Principal Place of Business
12947 WALSINGHAM RD.
LARGO FL 33774

Mailing Address
12947 WALSINGHAM RD.
LARGO FL 33774



2. Principal Place of Business

13540 Walsingham Rd

3. Mailing Address

13540 Walsingham Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Largo, FL

Largo, FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3658166**

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

BEHM, VICTORIA P
405 2ND ST. SOUTH, SUITE C
SAFETY HARBOR FL 34695

Name

Amy Arrington

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

8825 Laurel Drive

City

Pinellas Park

FL

Zip Code

33782

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 **Amy Arrington, President Amy Arrington** **3/21/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ARRINGTON, WILLIAM H**
STREET ADDRESS **12947 WALSINGHAM RD.**
CITY-ST-ZIP **LARGO FL 33774**

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

TITLE **D** ☐ Delete
NAME **ARRINGTON, AMY L**
STREET ADDRESS **12947 WALSINGHAM RD.**
CITY-ST-ZIP **LARGO FL 33774**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 607, 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:

Amy Arrington, President **3/21/03** **727-549-2203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)