

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90003 018 ***150.00

DOCUMENT # P30969

1. Entity Name

ARLON, INC.

Principal Place of Business

Mailing Address

2251 LUCIEN WAY, SUITE 300
MAITLAND FL 32751

2251 LUCIEN WAY, SUITE 300
MAITLAND FL 32746-2140

2. Principal Place of Business

300 Primera Blvd

3. Mailing Address

300 Primera Blvd

Suite, Apt. #, etc.

Ste 432

Suite, Apt. #, etc.

Ste 432

City & State

Lake Mary FL

City & State

Lake Mary FL

Zip

32746

Country

Zip

32746

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0311000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FICHTHORN, LUKE E., III	
STREET ADDRESS	514 HOLLOW TREE RIDGE RD	
CITY-ST-ZIP	DARIEN CT	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PRUIM, ELMER	
STREET ADDRESS	16235 DAVINCI DR	
CITY-ST-ZIP	CHINO HILL CA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LAMBERT, JAMES W	
STREET ADDRESS	489 PICKFORD PT	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	WILKINSON, J. ROBERT	
STREET ADDRESS	743 BEAR CREEK CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MAINGOT, LARRY C	
STREET ADDRESS	1060 VISTA ROAD	
CITY-ST-ZIP	LAONGWOOD FL 32750	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CARINI, ROBERT	
STREET ADDRESS	7 WITHERS WAY	
CITY-ST-ZIP	KOCKESSIN DE	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUPPE, CRAIG D.	
STREET ADDRESS	7449 MEGAN ELISSA LANG	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	S, AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
CRAIG D. SCHUPPE
ARLON, INC.

2/23/00
Date

(407) 875-2222
Daytime Phone #

CR2E034 (9/99)