

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90003 024 ***150.00

DOCUMENT # P30969

1. Entity Name

ARLON, INC.

Principal Place of Business

Mailing Address

**300 PRIMERA BLVD
 STE 432
 LAKE MARY FL 32746**

**300 PRIMERA BLVD
 STE 432
 LAKE MARY FL 32746**

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 **33-0311000**

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **FICHTHORN, LUKE E., III**
 STREET ADDRESS **514 HOLLOW TREE RIDGE RD**
 CITY-ST-ZIP **DARIEN CT**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32779**

TITLE **DVP** ☐ Delete
 NAME **PRUIM, ELMER**
 STREET ADDRESS **16235 DAVINCI DR**
 CITY-ST-ZIP **CHINO HILL CA**

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

TITLE **VDT** ☐ Delete
 NAME **LAMBERT, JAMES W**
 STREET ADDRESS **489 PICKFORD PT**
 CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE **AT** ☐ Delete
 NAME **SCHUPPE, CRAIG D**
 STREET ADDRESS **7449 MEGAN ELISSA LANE**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **SAT** ☐ Delete
 NAME **MAINGOT, LARRY C**
 STREET ADDRESS **1060 VISTA ROAD**
 CITY-ST-ZIP **LAONGWOOD FL 32750**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Longwood FL 32750**

TITLE **DVP** ☐ Delete
 NAME **CARINI, ROBERT**
 STREET ADDRESS **7 WITHERS WAY**
 CITY-ST-ZIP **KOCKESSIN DE**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **HICKESSIA DE 19707**

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

Craig D Schuppe
Asst. Treasurer
Craig D. Schuppe

Date

2/7/01

Daytime Phone #

(407) 875-2222

CR2E034 (10/00)