

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90049 007 ***150.00

DOCUMENT # P30969

1. Entity Name
ARLON, INC.

Principal Place of Business

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

Mailing Address

**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

DO NOT WRITE IN THIS SPACE



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, 2002 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 **D** ☐ Delete
 NAME **FICHTHORN, LUKE E., III**
 STREET ADDRESS **514 HOLLOW TREE RIDGE RD**
 CITY-ST-ZIP **LONGWOOD FL 32779**

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

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

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

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

TITLE **DVP** ☐ Delete
 NAME **CARINI, ROBERT**
 STREET ADDRESS **7 WITHERS WAY**
 CITY-ST-ZIP **HOCKESSIN DE 19707**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **VDT** ☐ Change ☒ Addition
 NAME **SMITH, LARRY D.**
 STREET ADDRESS **191 VARSITY CIRCLE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **AT** ☐ Change ☒ Addition
 NAME **WANAMAKER, WAYNE M**
 STREET ADDRESS **3801 GOLDENGLOR DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE ☐ Change ☐ 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:

Wayne W. Wanamaker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne W. Wanamaker

4-25-2002

Date

407.875.2222

Daytime Phone #

CR2E034 (9/01)