

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90046 001 ***150.00

DOCUMENT # P95000062780

1. Entity Name

A & R MANAGEMENT SERVICES, INC.

Principal Place of Business

**804 HWY 574 E
SEFNER FL 33584
US**

Mailing Address

**P.O. BOX 16911
TAMPA FL 33687
US**

2. Principal Place of Business

201 Seffner Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Seffner, FL

City & State

Zip

33584

Country

USA

Country

4. FEI Number

59-3331766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLLENBECK, CHUCK
804 HWY 574 E
SEFNER FL 33584**

7. Name and Address of New Registered Agent

Name **Belinda Alonso**

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

201 Seffner Ave.

City **Seffner**

FL

Zip Code

33584

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 **Belinda Alonso, BELINDA ALONSO, PRESIDENT**

2/19/02

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 **P** ☐ Delete
NAME **HOLLENBECK, CHUCK**
STREET ADDRESS **804 HWY 574 E**
CITY-ST-ZIP **SEFNER FL 33584**

TITLE **V** ☐ Delete
NAME **ALONSO, BELINDA**
STREET ADDRESS **804 HWY 574 E**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☒ Change ☐ Addition
NAME **HOLLENBECK, CHUCK**
STREET ADDRESS **201 Seffner Ave.**
CITY-ST-ZIP **Seffner, FL 33584**

TITLE **President** ☒ Change ☐ Addition
NAME **ALONSO, BELINDA**
STREET ADDRESS **201 Seffner Ave.**
CITY-ST-ZIP **Seffner, FL 33584**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
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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: **Belinda Alonso, BELINDA ALONSO**

2/19/02 (813) 662-5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)