

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90026 020 ***150.00

DOCUMENT # P9600Q076461

1. Entity Name

ARING ASSOCIATES, INC.

Principal Place of Business

867 CYNTHIANNA CIRCLE
ALTAMONTE SPRINGS FL 32701

Mailing Address

867 CYNTHIANNA CIRCLE
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

933 Larson Rd.

3. Mailing Address

933 Larson Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714

Country

Seminole

Zip

32714

Country

Seminole

4. FEI Number 59-3402311

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARING, JAMES G
867 CYNTHIANNA CIRCLE
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name
James G. Aring
Street Address (P.O. Box Number is Not Acceptable)
933 Larson Rd.
Altamonte Springs, FL 32714
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

TITLE D ☐ Delete
NAME ARING, JAMES G
STREET ADDRESS 867 CYNTHIANNA CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE S ☐ Delete
NAME ARING, NOREEN
STREET ADDRESS 867 CYNTHIANNA CIR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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 D ☒ Change ☐ Addition
NAME ARING, James G.
STREET ADDRESS 933 Larson Rd.
CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE S ☒ Change ☐ Addition
NAME Aring, Noreen
STREET ADDRESS 933 Larson Rd.
CITY-ST-ZIP Altamonte Springs, FL 32714

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOREEN M. ARING 4-12-01 407-767-9641

CR2E034 (10/00)