

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000039501**

1. Entity Name

**A AND R ENTERPRISES OF JACKSONVILLE, INC.**

Principal Place of Business

**6128 REGIMENT DR  
JACKSONVILLE FL**

Mailing Address

**6128 REGIMENT DR  
JACKSONVILLE FL**

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

**59-3512178**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LOVINGS, ANGIE M  
6128 REGIMENT DR  
JACKSONVILLE FL**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 ☐ Delete  
NAME **D**  
STREET ADDRESS **LOVINGS, ANGIE M A**  
CITY-ST-ZIP **6128 REGIMENT DR  
JACKSONVILLE FL**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LOVINGS, RONNELL T JR**  
CITY-ST-ZIP **6128 REGIMENT DR  
JACKSONVILLE FL**

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 ☐ 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  
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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 #

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90115 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0109392 AT

CR2F034 (5/01)

Attachment

Doc # 98000039501

June 29, 01

773037

To Whom it may Concern

I, Angie M. Forings, president  
of A & R Enterprise of Jan, INC.  
I'm writing this letter to  
inform the Department of State  
that I did not receive the 1<sup>st</sup>  
Division of Corporation filing.

Dear Mr/Ms:

There has been during the  
early part of this year some  
of the neighborhood kids going  
around and knocking down  
mail boxes (mine was one of them)

Therefore, I asking you to please  
accept this check (enclosed) for  
\$150.00 dollars for the initial filing

Sincerely  
Angie Forings