

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90184 008 \*\*\*150.00

**DOCUMENT # P98000064816**

1. Entity Name  
**ARMLIN CONSTRUCTION, INC.**

Principal Place of Business

**4555 SR 206 WEST  
 ELKTON FL 32033**

Mailing Address

**4555 SR 206 WEST  
 ELKTON FL 32033**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3525934**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

~~ARMLIN, ISAAC D.~~  
~~4555 SR 206 WEST~~  
~~ELKTON FL 32033~~

**6892 CYPRESS PT. DR.  
 ST. AUGUSTINE  
 FL. 32086**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Isaac Armlin pres*

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **ARMLIN, ISAAC D**  
 STREET ADDRESS **P O BOX 5482 N/A**  
 CITY-ST-ZIP **ST. AUGUSTINE FL. 32086**  
**ELKTON FL 32033**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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

*Isaac Armlin pres* 8-5-02 904-669-0009

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

#P980000-64816

123714

To whom this may concern:

I, Wade Armlin, Armlin Const. Inc. Recently received  
this 2002 Uniform Business Report.

I did not receive or update in January with a New  
Change of Address. I'm sending a check enclosed A.S.A.P./Today  
in the amt of 150.00 dollars, please Notify me if this  
is inadequate @ 904-797-2989  
New address:

6892 Cypress pt. Dr.  
St. Augustine FL 32086

Thank you, The Armlin, Pres,

TO: 0144179 SP \*SINGLE\* 1297 32033

ARML555\* 320332698 1B01 07 07/08/02

ARMLIN CONSTRUCTION INC  
6892 CYPRESS POINT DR  
SAINT AUGUSTINE FL 32086-7957

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