

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088847

1. Entity Name

PROBITY, INC.

FILED

Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90084 005 ***150.00

Principal Place of Business

Mailing Address

800 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32225

8109 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211-6243

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 59-3547045

Applied For
Not Applicable

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

ALTERMAN, LEONARD ATTY
9116 CYPRESS GREEN DR., #207
JACKSONVILLE FL 32256

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, 2000 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	PSD	<input checked="" type="checkbox"/> Delete
NAME	HANNON, AUNDRE	
STREET ADDRESS	8109 ARLINGTON EXPRESSWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	BLUE, LARRY	
STREET ADDRESS	8109 ARLINGTON EXPRESSWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, LARRY	
STREET ADDRESS	8109 ARLINGTON EXPRESSWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNON, AUNDRE	
STREET ADDRESS	8109 ARLINGTON EXPRESSWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D BLUE, GREGORY S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	8109 ARLINGTON EXPRESSWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D BROWN, DAISY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	8109 ARLINGTON EXPRESSWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

2-10-00 (404) 724-6521

CR2E034 (9/99)