

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90101 001 ***150.00

DOCUMENT # P98000093554

1. Entity Name
A & J HARRINGTON ENTERPRISES, INC.



Principal Place of Business
**2501 SE ROCK SPRINGS DR
PORT ST. LUCIE FL 34952**

Mailing Address
**PO BOX 7939
PORT ST. LUCIE FL 34985**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
2492 SE Rock Springs DR
City & State
Port St Lucie FL 34952

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0873570**

Applied For
Not Applicable

Zip
34952

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

**HARRINGTON, ARTHUR A
2501 SE ROCK SPRINGS DR
PORT ST. LUCIE FL 34952**

Name

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

**2492 SE Rock Springs DR
Port St Lucie FL**

City

F

FL

Zip Code

34952

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HARRINGTON, ARTHUR**
STREET ADDRESS **2501 SE ROCK SPRING DR**
CITY-ST-ZIP **PT ST LUCIE FL 34952**

☒ Change ☐ Addition
TITLE **2492 SE Rock Springs DR**
NAME **Port St Lucie FL 34952**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **HARRINGTON, JUDY**
STREET ADDRESS **2501 SE ROCK SPRING DR**
CITY-ST-ZIP **PT ST LUCIE FL 34952**

☒ Change ☐ Addition
TITLE **2492 SE Rock Springs DR**
NAME **Port St Lucie FL 34952**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Arthur A. Harrington**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03
Date

772-834-3576
Daytime Phone #

CR2E034 (10/02)