

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086592

Entity Name

ARLINGTON HILLS, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90019 049 ***150.00

Principal Place of Business 2209 UNIVERSITY BLVD. JACKSONVILLE FL 32211	Mailing Address 2209 UNIVERSITY BLVD. JACKSONVILLE FL 32211-3223
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00012902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3600538	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent

ESKUCHEN, MARTHA S
14041 U.S. HIGHWAY ONE
JUNO BEACH FL 33408

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

☐ Delete

TITLE	PD
NAME	JOHNSON, ROBERT L
STREET ADDRESS	305 PITTMAN STREET
CITY-ST-ZIP	BLACKSHEAR GA 31516

☐ Delete

TITLE	D
NAME	SINGLETARY, JEFFREY
STREET ADDRESS	314 PITTMAN STREET
CITY-ST-ZIP	BLACKSHEAR GA 31516

☐ Delete

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Change ☐ Addition

TITLE	
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STREET ADDRESS	
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 1-977-582-3345

Date

Daytime Phone #