

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099835

1. Entity Name

DARLINGTON TRADING GROUP, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90006 006 ***150.00

Principal Place of Business

1093 A1A BEACH BLVD., STE. 345
ST. AUGUSTINE FL 32084

Mailing Address

1093 A1A BEACH BLVD., STE. 345
ST. AUGUSTINE FL 32084

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

59-3657462

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

DARLINGTON, THOMAS M
1093 A1A BEACH BLVD., STE. 345
ST. AUGUSTINE FL 32084

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 13, 2000 Min. 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 ☐ Delete

NAME *President*
STREET ADDRESS *Thomas M. Darlington*
CITY-ST-ZIP *1093 A1A Beach Blvd*
St. Augustine, Florida 32084

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

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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 #

13 July 2000 (904) 826-5694

DW12995
Attachment
P99000099835

1093 A1A Beach Blvd., Ste 345
St. Augustine, FL 32080
July 13, 2000

Division of Corporations
Uniform-Business-Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed the Corporate Annual Report for Darlington Trading Group, Inc. along with my check for \$150.00.

This is the first Corporate Annual Report that I have received for this corporation. Under these circumstances, I ask that the \$400.00 penalty be removed.

Your prompt consideration in this matter will be greatly appreciated.

Sincerely,



Thomas M. Darlington
President

Enc.