

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90307 040 ***150.00

0030448 AV

DOCUMENT # S25750

1. Entity Name

ARLINGTON TIRE AND SERVICE CENTER, INC.

Principal Place of Business

**5807 MERRILL ROAD
 JACKSONVILLE FL 32211**

Mailing Address

**5807 MERRILL ROAD
 JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3043168

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, C. HOLT III
 3100 UNIVERSITY BLVD S
 SUITE 101
 JACKSONVILLE FL 32216**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **PRESTON, ARTHUR D III**
 STREET ADDRESS **916 GROVE PARK CT**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☒ Addition
 NAME *Vice President Service*
 STREET ADDRESS **SAM F MANCINOTTI**
 CITY-ST-ZIP **3780 UNIVERSITY BLVD # 208 JACKSONVILLE, FLA. 32244** *2/1/02*

TITLE **VP** ☐ Delete
 NAME **ORTEOUS, JAMES W**
 STREET ADDRESS **1206 WESTDALE DR**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **AVP** ☐ Delete
 NAME **PRESTON, DAVID**
 STREET ADDRESS **1920 DEAN RD, APT #31**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE **VP** ☒ Delete
 NAME **LUTCHMAN, WILLIAM H**
 STREET ADDRESS **7116 CRANE AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL 32216** *1/31/02*

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

TITLE **D** ☒ Delete
 NAME **PRESTON, NINA**
 STREET ADDRESS **12553 MASTERS RIDGE DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 #

CR20034 (9/01)