

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-23-2003 90081 049 ***150.00

0042465 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

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3043168**

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

**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. 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **CURTIS E. JACKSON**
CITY-ST-ZIP **5807 MERRILL Rd.
JACKSONVILLE, FLA 32211**

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

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

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

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

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

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

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **MANCINOTTI, SAM F**
CITY-ST-ZIP **3780 UNIVERSITY CLUB BLVD. #808
JACKSONVILLE FL 32277**

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)