

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90096 032 ***150.00

DOCUMENT # V43742

1. Entity Name
GARLINGTON COMPANY, ARCHITECTS, INC.

Principal Place of Business
4208 OXFORD AVENUE
JACKSONVILLE FL 32210

Mailing Address
4208 OXFORD AVENUE
JACKSONVILLE FL 32210

2. Principal Place of Business

5367 ORTEGA BLVD

Suite, Apt. #, etc.

SUITE 400

City & State

JACKSONVILLE, FL

Zip

32210

Country

DUVAL

3. Mailing Address

5367 ORTEGA BLVD

Suite, Apt. #, etc.

SUITE 400

City & State

JACKSONVILLE, FL

Zip

32210

Country

DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3137152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ - **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OBERDORFER, E. CHARLES
1719 BLANDING BOULEVARD
JACKSONVILLE FL 32210

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **GARLINGTON, CARL D.**
STREET ADDRESS **4208 OXFORD AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **Carl D. Garlington**
CARL D. GARLINGTON

4-8-02 904-389-4035

Date

Daytime Phone #

CR2E034 (9/01)