

04-03-2003 90162 040 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000028731

1. Entity Name
ARROW MANAGEMENT CONSULTANTS, INC.



Principal Place of Business 3783 BIGGIN CHURCH ROAD WEST JACKSONVILLE, FL 32224	Mailing Address 3783 BIGGIN CHURCH ROAD WEST JACKSONVILLE, FL 32224
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		9951 ATLANTIC BLVD	
City & State		# 167	
Zip		City & State	
Country		JACKSONVILLE FL	
Zip		Country	
32225		USA	

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ALABBASSI, MOHAMMED T
 3783 BIGGIN CHURCH ROAD WEST
 JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent
 Name **Sally J. Kircher**
 Street Address (P.O. Box Number is Not Acceptable)
One Independent Drive, #3803
 City **Jacksonville** FL Zip Code **32208**

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 *Sally J. Kircher* DATE **2/25/03**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when existing)

REGISTRATION FEE IS \$100.00
 (See Section 607.02, Florida Statutes, for details.)
 There is a \$100.00 fee for each change of registered agent.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALABBASSI, SUSAN B 3783 BIGGIN CHURCH ROAD WEST JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALABBASSI, MOHAMMED T 3783 BIGGIN CHURCH ROAD WEST JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + SECRETARY ALABBASSI, MOHAMMED T 3783 BIGGIN CHURCH ROAD WEST JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT + TREASURER GEORGE RUSSEL 210 BEECHWOOD COURT ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *M. T. Alabbassi* DATE **3-5-03** DAYTIME PHONE # **(904) 5686174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)