2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver of changed, or on an attachment

SIGNATURE:

FILED DOCUMENT # J36583 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name ARROW LOCKSMITHS, INC. 04-24-2000 90158 035 ***150.00 Principal Place of Business Mailing Address 848 NORTH FED HWY 848 NORTH FED HWY POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2755722 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent ----6. Name and Address of Current Registered Agent CAPITAL ACCOUNTING Street Address (P.O. Box Number is Not Acceptable) 400 N. STATE ROAD 7 POMPANO BEACH FL 33063 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition **PVS** Delete TITLE TITLE SMITH, STANFORD L. NAME NAME STREET ADDRESS STREET ADDRESS 848 NO FED HWY CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ■ Addition ☐ Delete ☐ Change TITLE TITLE SMITH, STANFORD L. NAME STREET ADDRESS STREET ADDRESS 848 NO FED HWY CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FI Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 see empowered to excepte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 indicated on this report or supplemental