2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2000 8:00 am Secretary of State **DOCUMENT # K61676** 1. Entity Name ARROW LABEL CORPORATION 05-19-2000 90035 046 ***150.00 Mailing Address Principal Place of Business 2705 59TH ST 1931 LIMBUS DR **SARASOTA FL 34243-2441** SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0188255 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STENGLEIN, DAVID Y. Street Address (P.O. Box Number is Not Acceptable) 2705 59TH ST SARASOTA FL 34243 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing, requirement and elects to do so. Trust Fund Contribution. Added to Fees (Seè criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** TITLE Change ☐ Addition TITLE ☐ Delete STENGLEIN, DAVID Y... NAME NAME STREET ADDRESS 2705 59TH ST STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7IP Change ☐ Addition Delete TITLE STENGLEIN, DAVID Y. NAME NAME 2705 59TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP D۷ ☐ Delete Change ☐ Addition_ TITLE TITI F STENGLEIN, JULIA A. NAME NAME 2705 59TH ST STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change ☐ Addition ☐ Delete TITI F NAME 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 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 TYPEYOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

Date

Date

Date

Daytime Phone #