2002 Uniform Business Report (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # K61676 1. Entity Name 04-17-2002 90107 005 ***150.00 ARROW LABEL CORPORATION Principal Place of Business Mailing Address 2705 59TH ST 1931 LIMBUS DR SARASOTA FL 34243 SARASOTA FL 34243 ЦS 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 65-0188255 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STENGLEIN, DAVID Y. Street Address (P.O. Box Number is Not Acceptable) 2705 59TH ST SARASOTA FL 34243 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STENGLEIN, DAVID Y. STREET ADDRESS STREET ADDRESS 2705 59TH ST CITY-ST-ZIP CITY-ST-ZIP sarasota fl ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME stenglein, david y. STREET ADDRESS STREET ADDRESS 2705 59TH ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STENGLEIN, JULIA A. STREET ADDRESS STREET ADDRESS 2705 59TH ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 TITLE TITLE ☐ Delete 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 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.

Y. STENGLEIN 4-0-02 941-755-35
Date Dayline Phone #