

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000006838****1. Entity Name**
ARROW-WAY, INC.

Principal Place of Business	Mailing Address
3428 EDGEWATER AVE	3428 EDGEWATER AVE
PORT ST LUCIE FL 34983	PORT ST LUCIE FL 34983

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO BOX 7542
City & State	Suite, Apt. #, etc.

City & State	City & State
Zip	Zip
Country	Country

4. FEI Number	<input type="checkbox"/> Applied For
	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARSHALL CHARLES 3428 EDGEWATER AVE PORT ST LUCIE FL 34983	Name MARSHALL CHARLES WP/D Street Address (P.O. Box Number is Not Acceptable) 3428 EDGEWATER AVE City PORT ST LUCIE FL Zip Code 34983

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 CHARLES W. MARSHALL****09/07/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:**

CHARLES W. MARSHALL

P/D

09/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)