

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030973

1. Entity Name

Arrowhead Point Development Corp

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90171 026 ***150.00

Principal Place of Business

Mailing Address

1045 Pinellas Bayway
Tierra Verde, FL 33175

1045 Pinellas Bayway
Tierra Verde, FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3040180

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kenneth G. Arsenault, Jr.
10225 Ulmerton Rd, Suite 2
Largo, FL 33771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
Tax filing requirement and elects to do so.
See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME DAVID DAVID
STREET ADDRESS 10 Grove St, Suite B
CITY-STATE-ZIP Cherry Hill NJ 08002

TITLE ☐ Delete

NAME PRES
STREET ADDRESS Rodgers, Thomas A
CITY-STATE-ZIP 1045 Pinellas Bayway
Tierra Verde, FL 33175

TITLE ☐ Delete

NAME VP/Secy
STREET ADDRESS Baird, David III
CITY-STATE-ZIP 10 Grove St Suite B
Cherry Hill NJ 08002

TITLE ☐ Delete

NAME VP/Treasurer
STREET ADDRESS Myers, William C
CITY-STATE-ZIP 601 Sunshine Lakes Dr
Voorhees, NJ 08043

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #