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Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90013 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030973

1. Entity Name

Arrowhead Point Development Corp

DO NOT WRITE IN THIS SPACE

54026345

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2. Principal Place of Business	3. Mailing Address
1110 Pinellas Bayway	1110 Pinellas Bayway
Suite, Apt. #, etc. Ste 213	Suite, Apt. #, etc. Ste 213
City & State Tierra Verde FL	City & State Tierra Verde FL
Zip 33715 Country Pinellas	Zip 33715 Country Pinellas

4. FEI Number 59-3640180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Kenneth G. Arsenault Jr

Street Address (P.O. Box Number is Not Acceptable) 10255 Ulmerton Rd Suite 2

City Largo FL Zip Code 33771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D NAME Baird, David IV STREET ADDRESS 10 Grove St Suite B CITY-ST-ZIP Cherry Hill NJ 08002	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Pres NAME Rodgers, Thomas STREET ADDRESS 1110 Pinellas Bayway CITY-ST-ZIP Tierra Verde FL 33715	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP/Sec NAME Baird, David IV STREET ADDRESS 10 Grove Street CITY-ST-ZIP Cherry Hill NJ 08002	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/31/04 609-458-1789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #