

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0156883 AV

05-01-2003 90360 017 ***150.00

DOCUMENT # P00000108308

1. Entity Name
BOWING ARROW TRANSPORTATION, INC.



Principal Place of Business
2107 SW 57TH TR.
HOLLYWOOD FL 33023

Mailing Address
1940 HARRISON ST
STE 201-B
HOLLYWOOD FL 33020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1056112**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JUMPINGJAXTAX.COM, INC
1940 HARRISON ST
STE 201-B
HOLLYWOOD FL 33020-5072

7. Name and Address of New Registered Agent

Name
EVERTON SPAULDING
Street Address (P.O. Box Number is Not Acceptable)
8910 MIRAMAR PKWY, Suite 305
2107 SW 57TH TR.
City
HOLLYWOOD MIRAMAR FL Zip Code
33025

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 obligation of, the registered agent.

SIGNATURE Signature of registered agent and title if applicable.

EVERTON SPAULDING

15 APR 03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD SPAULDING, EVERTON 2107 SW 57TH TR. HOLLYWOOD FL 33023 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD SPAULDING, EVERTON 8910 MIRAMAR PKWY, Suite 305 MIRAMAR, FL 33025 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **EVERTON SPAULDING PRES. 15 APR 03 9549276988**
Date Daytime Phone #

CR2E034 (10/02)