

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90424 015 ***550.00

DOCUMENT # **P00000110831** ✓

1. Entity Name

Arrow Business Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

848 Levitt PKwy

Suite, Apt. #, etc.

3. Mailing Address

848 Levitt PKwy

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Rockledge, FL

City & State

Rockledge, FL

4. FEI Number

59-3688537

Applied For
Not Applicable

Zip

32955

Country

Brevard

Zip

32955

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Suzanne R. Witenhake

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

848 Levitt PKwy.

City

Rockledge

FL

Zip Code

32955

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Suzanne R. Witenhake
848 Levitt PKwy.
Rockledge, FL 32955-4080**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Treasurer
Robert M. Witenhake
848 Levitt PKwy
Rockledge, FL 32955-4080**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary
Robert Bradley Witenhake
848 Levitt PKwy
Rockledge, FL 32955-4080**

TITLE
NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanne R. Witenhake

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne R. Witenhake

Date

2 May 2002 321-631-6060

Daytime Phone

CR2E034B (12/01)