

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90050 013 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000009667					
1. Entity Name ARROWMAC DESIGNS, INC.					
Principal Place of Business 415 S DALE MABRY HWY, STE A TAMPA, FL 33609			Mailing Address 415 S DALE MABRY HWY, STE A TAMPA, FL 33609		
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 59-3693420			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCMAHON, AMANDA 415 S DALE MABRY HWY, STE A TAMPA, FL 33609			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent Signature required when submitting)					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
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 or other like empowered.					
SIGNATURE: <u>Rudy Arrowood</u> 5-9-03 813-877-1212					
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90133638



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment

90133638

901000009667

May 9, 2003

TO: FLORIDA DEPARTMENT OF STATE

FROM: ARROWMAC DESIGNS, INC.

SUBJECT: 2003 UNIFORM BUSINESS REPORT FORM

WE DID NOT RECEIVE THE ABOVE MENTIONED FORM.
PLEASE WAIVE THE LATE FEE DUE TO NOT HAVING THE FORM.

ENCLOSED PLEASE FIND CHECK #1417 IN THE AMOUNT OF \$150.00.

THANK YOU.

Trudy Arrowood

TRUDY ARROWOOD
PRESIDENT/OWNER