

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90105 044 ***150.00

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DOCUMENT # P01000113538

1. Entity Name
STRAIGHT ARROW INC.



Principal Place of Business
**4915 BYGONE STREET
LEHIGH FL 33971**

Mailing Address
**4915 BYGONE STREET
LEHIGH FL 33971**

INCORRECT address



2. Principal Place of Business
4912 Bygone st.

3. Mailing Address
**4912 Bygone St.
Lehigh, FL 33971**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Lehigh, Fl. 33971

City & State
Lehigh, Fl. 33971

Zip Country
33971 Lee

Zip Country
33971 Lee

4. FEI Number **65-1157113** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REYNAERT, DAVID
462 VALLEY DR
LEHIGH FL 33936**

7. Name and Address of New Registered Agent

Name
David Reynaert *Address change*

Street Address (P.O. Box Number is Not Acceptable)
**4912 Bygone St.
Lehigh, Fl. 33971**

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 **David Reynaert** *David Reynaert* DATE **4/06/03**

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

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNAERT, DAVID 462 VALLEY DR LEHIGH FL 33936 <i>Address change</i>	<input checked="" type="checkbox"/> Delete ***
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reynaert, David 4912 Bygone St. Lehigh, Fl. 33971	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: **David Reynaert** *David Reynaert* DATE **4/06/03** (239) 332-0382

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

CRCE034 (10/02)