

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90063 010 \*\*\*150.00

DOCUMENT # **P02000064723**

1. Entity Name  
**ARROW TERMITE INC.**



Principal Place of Business  
**PO BOX 3006**  
**KEY LARGO FL 33037**

Mailing Address  
**PO BOX 3006**  
**KEY LARGO FL 33037**

2. Principal Place of Business  
**93911 Overseas Hwy**  
Suite, Apt. #, etc.  
**#1**  
City & State  
**Tavernier FL**

3. Mailing Address  
**93911 Overseas Hwy**  
Suite, Apt. #, etc.  
**#1**  
City & State  
**Tavernier FL**

Zip  
**33070**  
Country  
**USA**

Zip  
**33070**  
Country  
**USA**

4. FEI Number  
**56-2283421**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOALCH, MARTIN D**  
**300 ATLANTIC DR**  
**KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name  
**MARTIN BOALCH**

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

**93911 O/S Hwy Ste 1**

City  
**Tavernier**

FL

Zip Code  
**33070**

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 *Martin Boalch*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**1-14-02**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS BOALCH, MARTIN D PO BOX 3006 KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOALCH, MARTIN D PO BOX 3006 KEY LARGO FL 33037	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS BOALCH, MARTIN D 93911 O/S Hwy Ste 1 Tavernier, FL 33070	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOALCH, MARTIN D 93911 O/S Hwy Ste 1 Tavernier, FL 33070	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

2. 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: *Martin Boalch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-14-02**

CR2E034 (10/02)