

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90069 036 ***150.00

DOCUMENT # P02000127547

1. Entity Name

ARROWHEAD ELECTRIC, INC.



Principal Place of Business

14060 N.W. 19TH AVENUE
MIAMI FL 33054

Mailing Address

14060 N.W. 19TH AVENUE
MIAMI FL 33054

2. Principal Place of Business

3852 L.B. McLEOD RD

3. Mailing Address

5 NORTH BEST POINT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

INVERNESS FL

Zip

32805

Country

Zip

34450

Country

4. FEI Number

48-1294031

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

TEDDER, JAMES, WORDEN, & ASSOC. PA
11 SOUTH BUMBY AVENUE
SUITE 200
ORLANDO FL 32803

7. Name and Address of New Registered Agent

WALTER D. LUNDELINUS SR.
Street Address (P.O. Box Number is Not Acceptable)
5 NORTH BEST POINT
INVERNESS
City FL Zip Code 34450

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

Walter D. Lundelinus Sr.

2/18/03

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

(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
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBINSON, TERRY	
STREET ADDRESS	1875 N. LEAVITT AVENUE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBINSON, TERRY	
STREET ADDRESS	1875 N. LEAVITT AVENUE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER D. LUNDELINUS SR.	
STREET ADDRESS	5 NORTH BEST POINT	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

Walter D. Lundelinus Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Treas 2/18/03 352 8602644
Date Daytime Phone #

CR2E034 (10/02)