


FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90013 011 ***150.00

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

DOCUMENT # P0300090884	
1. Entity Name Arrowhead Point Treasure Island II, Inc	

DO NOT WRITE IN THIS SPACE

54026340

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1110 Pinellas Bayway Suite, Apt. #, etc. Ste 213 City & State Tierra Verde FL Zip 33715 Country Pinellas		3. Mailing Address 1110 Pinellas Bayway Suite, Apt. #, etc. Ste 213 City & State Tierra Verde FL Zip 33715 Country Pinellas		4. FEI Number 54-2122557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Kenneth G Arsenault Jr	
Street Address (P.O. Box Number is Not Acceptable) 10225 Urmerton Rd	
City Largo	FL Zip Code 33771

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

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

(NOTE: Registered Agent's signature required when relinquishing)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	Pres, D Rodgers, Thomas 1110 Pinellas Bayway Ste 213 Terra Verde, FL 33715	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Pres, D Baird, David TU 10 Grove Street Cherry Hill NJ 08002	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 **604-458-1789**
Date Daytime Phone

CR2E034B (12/02)