


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

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

04-05-2004 90013 010 ***150.00

DOCUMENT # P030000 90888	
1. Entity Name Arrowhead Point Treasure Island 22, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1110 Pinellas Bayway		3. Mailing Address 1110 Pinellas Bayway	
Suite, Apt. #, etc. Ste 213		Suite, Apt. #, etc. Ste 213	
City & State Tierra Verde FL		City & State Tierra Verde FL	
Zip 33715	Country Pinellas	Zip 33715	Country Pinellas

DO NOT WRITE IN THIS SPACE

54026341

4. FEI Number 54-2122559		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 Ulmerton 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 signature is required when reinstating)

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 Tierra Verde, FL 33715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. D Baird David W 10 Grove Street Cherry Hill NJ 08002	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 609458-1789
Date Daytime Phone #

CR2E034B (12/02)