

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

04-05-2004 90013 007 ***150.00

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

DOCUMENT # P03000091076			
1. Entity Name Arrowhead Point Treasure Island 20, INC			
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 54-2122555	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Kenneth B Arsenault Jr	
		Street Address (P.O. Box Number is Not Acceptable) 10255 Wilmeton 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 _____ (NOTE: Registered Agent signature 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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Presid 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 David David III 10600 C St 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: David David III		Date 3/31/04 Daytime Phone # 609-458-1789	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)