

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042226

1. Entity Name

FIVE ARROWS, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90127 039 \*\*\*158.75

Principal Place of Business

Mailing Address

910 E 127TH AVE  
TAMPA FL 33612

910 E 127TH AVE  
TAMPA FL 33612-3548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3383861

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYER, STEPHEN J  
910 E 127TH AVE  
TAMPA FL 33612

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Delete  
NAME TYER, STEPHEN J  
STREET ADDRESS 7015 SKYLANE DR  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME MONROE, TODD M  
STREET ADDRESS 8106 VINELAND OAKS BLVD  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME *T*  
STREET ADDRESS *Monroe, Todd M*  
CITY-ST-ZIP *SAME*

TITLE S ☐ Delete  
NAME SCANELLA, DANIEL V  
STREET ADDRESS 1419 84TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME PARKER, ROBERT M  
STREET ADDRESS 12323 VICKSBURG DR  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME WEIGEL, PAUL H  
STREET ADDRESS 10109 LINDELAAN DR  
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME *P*  
STREET ADDRESS *Weigel, Paul H.*  
CITY-ST-ZIP *SAME*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-972-1400