

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036748

1. Entity Name

AAROW MONEY LINK, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90163 021 ***150.00

Principal Place of Business

8147 STATE ROAD 52
HUDSON FL 34667

Mailing Address

8147 STATE ROAD 52
HUDSON FL 34667-6728

2. Principal Place of Business

11923 OAK TRAIL WAY
Suite, Apt. #, etc.

3. Mailing Address

11923 OAK TRAIL WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PORT Richey FL

Zip Country
34668 USA

City & State
PORT Richey FL

Zip Country
34668 USA

4. FEI Number 59-3442374

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORWA, FRANCIS L
7634 MASSACHUSETTS AVE.
NEW PORT RICHEY FL 34653-3022

7. Name and Address of New Registered Agent

Name CLEMENTE Di Iorio

Street Address (P.O. Box Number is Not Acceptable)
11923 OAK TRAIL WAY

City PORT Richey FL Zip Code 34668

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

CLEMENTE Di Iorio, PRES. 4/11/00
(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DIORIO, CLEMENTE 8147 STATE ROAD 52 HUDSON FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Di Iorio, Clemente 11923 OAK TRAIL WAY PORT Richey FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PRES. CLEMENTE Di Iorio 4/11/00 727-819-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)