

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2000 90163 021 ***150.00

DOCUMENT # P97000036748

1. Entity Name
AAROW MONEY LINK, INC.

Principal Place of Business 8147 STATE ROAD 52 HUDSON FL 34667	Mailing Address 8147 STATE ROAD 52 HUDSON FL 34667-6728
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2. Principal Place of Business 11923 OAK TRAIL WAY Suite, Apt. #, etc.	3. Mailing Address 11923 OAK TRAIL WAY Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Port Richey FL	City & State Port Richey FL
Zip 34668	Zip 34668
Country USA	Country USA

4. FEI Number 59-3442374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 **CLEMENTE DI IORIO, PRES.** DATE **4/11/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 DI IORIO, 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

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
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

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: **CLEMENTE DI IORIO, PRES.** DATE **4/11/00** 727-819-0708

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)