

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-01-2003 90413 008 ***150.00

DOCUMENT # P97000046847

1. Entity Name
ARROWHEAD DEVELOPMENT, INC.



Principal Place of Business
13630 58 HLN
SUITE 105
CLEARWATER FL 33760

Mailing Address
13630 58 HLN
SUITE 105
CLEARWATER FL 33760

55046869

Arrowhead Development, Inc.
14175 Icot Blvd. Ste.300
Clearwater, Florida 33760

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14175 Icot Blvd. Ste.300
Clearwater, Florida 33760

☐ CHECK HERE IF MAKING CHANGES

Number **59-3462023**

Applied For
☐ Not Applicable

\$8.75 Additional
Fee Required

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RABTUE, HELMUT~~
13630 58
SUITE 105
CLEARWATER FL 33760

Name **H. HELMUT RABTUE**
Street Address (P.O. Box Number is Not Acceptable)
13630 58TH ST. N.
SUITE #105
City **CLEARWATER** FL Zip Code **33760**

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

H. H. RABTUE, PRESIDENT 2/17/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. RABTUE, HELMUT 3901 PRESIDENTIAL DR. PALM HARBOR FL 34684	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RABTUE, H. HELMUT	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *H. H. RABTUE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/17/03** Daytime Phone #

727-531-6344

CR2004 (10/02)