

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # P97000097028

1. Entity Name

ARROW TRANSPORT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-10-2000 90049 043 ***150.00

Principal Place of Business
16226 N.W. 120TH PLACE
ALACHUA FL 32615

Mailing Address
PO BOX 1418
ALACHUA FL 32616-1418
US

2. Principal Place of Business
17406 S.W. 46th Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1418
Suite, Apt. #, etc.

City & State
Archer, FL

City & State
Alachua, FL

Zip
32615

Country
Alachua

Zip
32616-1418

Country
Alachua

4. FEI Number
59-3483787

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
T.D. PINSON
12802 NW 202ND ST.
ALACHUA FL 32615

7. Name and Address of New Registered Agent
Name
Robert M. Ranslow
Street Address (P.O. Box Number is Not Acceptable)
17406 SW 46th Ave.
City
Archer FL Zip Code
32618

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTOPHER, CHRISTINA		NAME		
STREET ADDRESS	16226 NW 120TH PL.		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANSLOW, ROBERT		NAME		
STREET ADDRESS	17406 SW 46TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL 32618		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowerment.

SIGNATURE: Robert M. Ranslow 1-31-00 (904) 462-5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #