2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000097192 May 24, 2000 8:00 am Secretary of State ARROW INVESTIGATIVE SERVICES, INC. 05-24-2000 90172 007 ***150.00 Principal Place of Business Mailing Address 11380 NW 18TH MANOR 11380 NW 18TH MANOR CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-5709 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0795648 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . Box Number is Not Acceptable) MORGAN, KENNETH 11380 NW_18TH MANOR CORALGABLES FL 33071 Zip Code purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition PVD ☐ Change TITLE ☐ Delete TITLE MORGAN, KENNETH A NAME NAME STREET ADDRESS STREET ADDRESS 11380 NW 18TH MANOR CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME MORGAN, KENNETH A STREET ADDRESS STREET ADDRESS 771 SW 120 WAY CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33325 ☐ Addition _ TITLE ☐ Delete Change NAME MORGAN, KENNETH A STREET ADDRESS STREET ADDRESS 771 SW 120 WAY CITY-ST-7IF CITY-ST-ZIP DAVIE FL 33325 ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME MORGAN, SHANE STREET ADDRESS STREET ADDRESS 11380 NW 18TH MANOR CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: LENDETH AT MORE AND SIGNATURE AND TYPED OR PRINTED AND OF SIGNING OFFICER OR DIRECTOR

Date

Date