2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2001 8:00 am Secretary of State DOCUMENT # P97000097192 ARROW INVESTIGATIVE SERVICES, INC. 03-21-2001 90067 045 ***150.00 Principal Place of Business Mailing Address 11380 NW 18TH MANOR 11380 NW 18TH MANOR CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 **UUU4/600** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0795648 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORGAN, KENNETH 11380 NW 18TH MANOR CORAL GABLES FL 33071 184 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. PVD ☐ Change Addition TITLE Delete MORGAN, KENNETH A NAME 11380 NW 18TH MANOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** Change Addition Delete TITLE TITLE MORGAN, KENNETH A NAME NAME 771 SW 120 WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33325 Change Addition TITLE Delete TITLE MORGAN, KENNETH A NAME NAME 771 SW 120 WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE MORGAN, SHANE NAME NAME 11380 NW 18TH MANOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS 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 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.