

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90968 009 \*\*\*150.00

**DOCUMENT # P98000075452**

1. Entity Name

**ARROW IMAGING SOLUTIONS, INC.**



Principal Place of Business

**412 S. HOWARD AVE.**

**TAMPA FL 33606**

Mailing Address

**412 S. HOWARD AVE.**

**TAMPA FL 33606**

2. Principal Place of Business

**3308 Paxton Ave**

3. Mailing Address

**3308 Paxton Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa FL**

City & State

**Tampa FL**

Zip

Country

**33611**

Zip

Country

**33611**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3537531**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMIREZ, FERDINAND**

**3308 PAXTON AVE**

**TAMPA FL 33611**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(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	<b>P</b> <b>RAMIREZ, FERDINAND</b> <b>3308 PAXTON AVE</b> <b>TAMPA FL 33611</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RAMIREZ, PORFORIA</b> <b>3308 PAXTON AVE</b> <b>TAMPA FL 33611</b>	<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	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>Porfiria Ramirez</b> <b>3308 Paxton Ave</b> <b>Tampa FL 33611</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/03**

Date

Daytime Phone #

CR2E034 (10/02)