

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90061 039 ***158.75

DOCUMENT # P99000014986

1. Entity Name

ARROW CONSULTING, INC.

Principal Place of Business

9520 BRENTWOOD BLVD.
NAVARRE FL 32566

Mailing Address

9520 BRENTWOOD BLVD.
NAVARRE FL 32566

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gulf Breeze FL
Zip: 32561 Country: USA

City & State

Gulf Breeze FL
Zip: 32561 Country: USA

4. FEI Number 59-3561053

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, PHYLLIS P
9520 BRENTWOOD BLVD.
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name: Gonzalez, Phyllis P
Street Address (P.O. Box Number is Not Acceptable): 1645 Smugglers Cove
City: Gulf Breeze FL Zip Code: 32561

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: Phyllis P. Gonzalez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, MANUEL L	
STREET ADDRESS	9520 BRENTWOOD BLVD.	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1645 Smugglers Cove	
CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE:

Manuel L. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01
Date

936-0279
Daytime Phone #

CR2E034 (10/00)