2000 UNIFORM BUSINESS REPORT (UBR)

5/31/00-90063-006-$150.00-$150.00

APPROVED AND FILED

1 of 2

00 OCT -6 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 99000038535

1. Entity Name

THE ARRANGER INC.

Principal Place of Business	Mailing Address
2416 COOLIDGE AVE. ORLANDO FL 32804	2416 COOLIDGE AVE. ORLANDO FL 32804-4812

2. Principal Place of Business	3. Mailing Address
2416 Coolidge Ave	P.O. Box 547125
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orl - Fl	City & State: Orl, Fl
Zip: 32804 Country	Zip: 32854 Country

4. FEI Number: 59-3565453 — Applied For / Not Applied

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
VINCENT, SEAN P 4804 DANDELION AVE. ORLANDO FL 32818	Name: SEAN P. VINCENT 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.

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

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, 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: Owner ☑ Delete NAME: Sean P. Vincent STREET ADDRESS: 4804 Dandelion Dr CITY-ST-ZIP: Orlando Florida	TITLE: Owner/President ☑ Change ☐ Addition NAME: Sean P. Vincent STREET ADDRESS: PO Box 547125 CITY-ST-ZIP: Orl Fl 32854
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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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: Sean P. Vincent — 4-28-2000 — 407-841-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TO DIVISION OF CORPATION

FROM THE ARRANGER INC.

TOPIC ERROR IN DISSOLUTION

DATE OCTOBER 4,2000

PLEASE BE ADVISED THAT I DID NOT RECEIVE FORM SENT TO ME, BY YOUR OFFICE AND BECAUSE OF THIS MY CORPARATION WAS DISSOLVEED PLEASE REINSTATE THE CORPATION AS SOON AS POSSIBLE. I HAVE ENCLOSED , I HOPE THE RIGHT FORM WITH NEEDED INFORMATION. THEY IS ONLY ONE OFFICER WHO IS OWNER,DIRECTOR,PRESIDENT. SEAN P VINCENT, MAILING ADDRESS P.O. BOX 547125,ORLANDO,FLORIDA 32854.

if i can be of any help please call 407-841-5004,

THANKING YOU IN ADVANCE

SEAN

THE ARRANGER INC.
P.O. BOX 547125
ORLANDO, FLORIDA 32854-7125