2000 UNIFORM BUSINESS REPORT (UBR)

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

APPROVED AND FILED

1of2

DOCUMENT # P 99000038535

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

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	4. FEI Number
2416 Coolidge Ave	P.O. Box 547125	59-3565453
Suite, Apt. #, etc. 0	Suite, Apt. #, etc.	Applied For / Not Applicable
City & State Orl - Fl.	City & State Orl, Fl	5. Certificate of Status Desired — $8.75 Additional Fee Required
Zip 32804 Country	Zip 32854 Country	

6. Name and Address of Current Registered Agent

VINCENT, SEAN P
4804 DANDELION AVE.
ORLANDO FL 32818

7. Name and Address of New Registered Agent

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 reinstating)

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 NAME Sean P. Vincent STREET ADDRESS 4804 Dandelion Dr CITY-ST-ZIP Orlando Florida	☑ Delete	TITLE Owner/President NAME Sean P. Vincent STREET ADDRESS PO Box 547125 CITY-ST-ZIP Orl Fla 32854	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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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