

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038535

1. Entity Name
THE ARRANGER INC.

Principal Place of Business
**2416 COOLIDGE AVE.
ORLANDO FL 32804**

Mailing Address
**P.O. BOX 547125
ORLANDO FL 32854**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -7 PM 2:44

2. Principal Place of Business
City: **Orlando** State: **FL**

3. Mailing Address
City: **Orlando** State: **FL**



DO NOT WRITE IN THIS SPACE

4. FEE Number **59-3565453**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VINCENT, SEAN P
4804 DANDELION DR.
ORLANDO FL 32818**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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	
NAME O/P VINCENT, SEAN P PO BOX 547125 ORLANDO FL 32854	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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****150.00 ****150.00

JB 11/28

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 information.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01 407 841-5004

STOP!

IMPORTANT INFORMATION

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TO WHOM IT MAY CONCERN:

THIS WILL BE THE THIRD TIME I HAVE MAILED THIS IN,

~~THIS TIME I HAVE PUT SPECIAL HANDLING ON IT.~~

I HAVE ALSO ENCLOSED A CHECK FOR \$ 150.00 DOLLARS
AS REQUIRED BY MY FIRST STATEMENT SENT IN.

NONE OF THE OTHER CHECK HAVE BEEN CASHED, OR RETURNED,
I HAVE NO EXPLANATION NOR DOES ANYONE AT YOUR OFFICE.

NOTHIN HAS CHANGED AT MY CORPATION.

FEI NUMBER 59-3565453

PHONE NUMBER IS 407-841-5004

FAX NUMBER IS 407-841-5056

MAILING IS P.O. BOX 547125

ORLANDO, FLORIDA 32854

I ENCLOSED A COPY OF MY ORIGINAL FORM, HOPE THIS HELPS.

YOU CAN E_MAIL ME AT

THEARRANGER@EARTHLINK.COM

THANKING YOU IN ADVANCE

SEAN P. VINCENT