2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000056042

1. Entity Name

ARROR SOLUTION INC.



Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90270 025 ***150.00

FILED

,									
Principal Place of Business Mailing Address 13523 4TH AVE. N.E. 13523 4TH AVE. N.E. BRADENTON FL 34202 BRADENTON FL 34202							110135	26 	
2. Principal Place of Business AVE N. E 3. Mailing Address 13523 - 47				THAVE NE		1 40041001 1110 10110 10144 08 141 00 1	LI BORKI BERUK BIKIO	(1)(1) 60 1(1) 1	1161 4 (161 166)
Suite, Apt. #, etc. Suite, Apt. #, etc.			_			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	ADENTON, FL	BRADENTON, FL			·	4. FEI Number 65-0931560		oplied For ot Applicable	
342	12) MANATER	342121	M	9NATE	E	5. Certificate of Status Desired	Fee	.75 Add Require	
	6. Name and Address of Current F	Registered Agent		Name		7. Name and Address of New R	egistered Age	nt	
MOORE, STEVEN J 13523- 4TH AVE NE				Street Address (P.O. Box Number is Not Acceptable)					
BRADENTON FL 34202									
					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 at	nd title if applicable. (NOTE:	Registered	d Agent signatu	re required v	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 Fin Trust Fund Contribution			0 May Be to Fees
10.	OFFICERS AND DIRECTORS		11.	11.		ADDITIONS/CHANGES TO OFF	CERS AND DI	RECTOR!	3 IN 11
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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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition