

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90047 004 \*\*\*150.00

A0050483



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000088446**

1. Entity Name

ARROWHEAD KAPOK, INC.

Principal Place of Business

Mailing Address

30377-A SOUTH DIXIE HWY.  
 HOMESTEAD FL 33030

30377-A SOUTH DIXIE HWY.  
 HOMESTEAD FL 33033-3224

2. Principal Place of Business

3. Mailing Address

16801 SW 296 St

16801 SW 296 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Homestead, FL

Homestead FL

City & State

City & State

Zip

Country

Zip

Country

33030 USA

33030 USA

4. FEI Number

65-0955509

Applied For

Not Applicable

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

BENNETT, BILL E  
 30377-A SOUTH DIXIE HWY.  
 HOMESTEAD FL 33030

Name

Bennett, Bill E.

Street Address

16801 SW 296 St

City

Homestead FL 33030

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

*Bill E. Bennett*

Bill E. Bennett

4/9/00

Signature, typed or printed name of registered agent and title in parentheses

(NOTE: Registered Agent 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) ☒

**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 NAME STREET ADDRESS CITY-ST-ZIP	P BENNETT, BILL E 30377-A SOUTH DIXIE HWY. HOMESTEAD FL 33030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Bennett, Bill E. 16801 S.W. 296 St. Homestead, FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gretchen B. Wilkie 16801 S.W. 296 St. Homestead, FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Bill E. Bennett*  
 BILL E. Bennett

4/9/00

750-236-0525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)