

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90104 037 \*\*\*550.00

**DOCUMENT # S59900**

1. Entity Name  
**ARROW ENERGY, INC.**

Principal Place of Business

**5309 DUBLIN ROAD  
DUBLIN OH 43017  
US**

Mailing Address

**5309 DUBLIN ROAD  
DUBLIN OH 43017  
US**

2. Principal Place of Business

**2852 Sunbury Road  
Suite, Apt. #, etc.**

3. Mailing Address

**2852 Sunbury Road  
Suite, Apt. #, etc.**

City & State  
**Galena, Ohio**

City & State  
**Galena, Ohio**

4. FEI Number  
**65-0267962**

Applied For  
Not Applicable

Zip Country  
**43021**

Zip Country  
**43021**

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

6. Name and Address of Current Registered Agent

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name  
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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☒

**FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE **DP** ☐ Delete  
NAME **SMITH, MICHAEL**  
STREET ADDRESS **5309 DUBLIN ROAD**  
CITY-ST-ZIP **DUBLIN OH 43017**

TITLE **DS** ☐ Delete  
NAME **SMITH, IAN N**  
STREET ADDRESS **5309 DUBLIN ROAD**  
CITY-ST-ZIP **DUBLIN OH 43017**

TITLE **DT** ☐ Delete  
NAME **SMITH, IAN N**  
STREET ADDRESS **5309 DUBLIN ROAD**  
CITY-ST-ZIP **DUBLIN OH 43017**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**MICHAEL S. SMITH PRES 9/1/01**

Date

Daytime Phone #

CR2E034 (5/01)