2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2000 8:00 am Secretary of State DOCUMENT # 466847 1. Entity Name PROCESS SERVICES, INC. 03-08-2000 90035 016 ***150.00 Principal Place of Business Mailing Address 8450 SR 84 8450 SR 84 DAVIE FL 33324 DAVIE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1565443 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name anel DEAL, JANET KRETZMER Street Address (P.O. Box Number is Not Acceptable) 33324S R 84 DAVIE FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ST TITLE Change ☐ Addition ☐ Delete DEAL, JANET ANN NAME NAME STREET ADDRESS STREET ADDRESS 8450 S R 84 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 ☐ Addition Change ☐ Delete TITLE DEAL, JR MURRAY C NAME STREET ADDRESS 8450 S R 84 STREET ADDRESS CITY-ST-ZIP DAVIE FL 33324 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete KRETZMER, TRACY NAME NAME STREET ADDRESS 8450 S R 84 STREET ADDRESS CITY-ST-ZIP DAVIE FL 33324 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete DEAL, ERIC NAME STREET ADDRESS STREET ADDRESS 8450 S R 84 CITY-ST-ZIF CITY-ST-ZIP DAVIE FL 33324 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 12 in changed, or on an attachment with an address, with all other like empowered.

Anct