2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000090361

SIGNAT

SIGNATURE:



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FILED Mar 31, 2003 8:00 am Secretary of State 03-10-2003 90116 035 ***150.00

CELEBRITY WHEELCHAIR SERVICES, INC.							
Principal Place of Business 3121 NW 47TH TERRACE. APT 304 3121 NW 47TH TERRACE LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL				I TRAITRAI HE COHE LUBY JUHU ADV	H DADH EDID IARH EAN	Ya filma atira ikani kasa	
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE II	F MAKING CHAN	IGES
City & State		City & State			4. FEI Number 3421	0262	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$8.75 Fee Re	Additional
	6. Name and Address of Current	Registered Agent		<u>_</u>	Name and Address of New Re	gistered Agent	
	200		Name	Name			
MCKENZIE, GEORGE 3121 NW 47TH TERRAÇE, APT 304			Street	Address (P.0	D. Box Number is Not Acceptable)		
LAUDERD	ALE LAKES FL 33319						
			City	<u> </u>		FL Zip	Code
 the obligat 	named entity submits this statement for tions of registered agent.	the purpose of changing its i	registered office o	r registered	agent, or both, in the State of Flori	da. I am familiar	with, and accept
SIGNATURE.	Signature, typod or printed name of registered agent a	and title if epplicable. (NOTE:	: Registered Agent eigns	dure fequired wh	nen reinstating)	DATE	
	ILE NOW!!! FEE IS \$150.00	Not the second		· · · · · ·			
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		- · ·	··· <u>-</u> ·	 - 9. Election Campaign Fina Trust Fund Contribution. 		5.00 May Be dded to Fees
10.	OFFICERS AND I		11.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	TORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, GEORGE 3121 NW 47TH TERRACE, APT 3 LAUDERDALE LAKES FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Che	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nge
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TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	
12. I hereby condicated of the corp	ertify that the information supplied with to on this report or supplemental report is to coration or the receiver or trustee empoy	his filing does not qualify for the rue and accurate and that my versal to execute this report as	he exemption state signature shall he required by Cha	ed in Section ave the same pter 607, Fig.	on 119.07(3)(i), Florida Statutes. I fu re legal effect as if made under oat orida Statules; and that my name a	irther certify that the h; that I am an offi ppears in Block 1	ne information cer or director 0 or Block 11 if