Apr 29 02 12:05p

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90881 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004487

1. Entity Name: VOLTS FINANCIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
837 CRESTVIEW CIRCLE	827 CRESTVIEW CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33327 Country: USA	Zip: 33327 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0812067 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: MICHAEL VOLTS
Street Address (P.O. Box Number is Not Acceptable): 837 CRESTVIEW CIRCLE
City: WESTON FL Zip Code: 33327

DO NOT WRITE IN THIS SPACE

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 ______

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: PD NAME: MICHAEL VOLTS STREET ADDRESS: 837 CRESTVIEW CIRCLE CITY-ST-ZIP: WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Volts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/29/02 Daytime Phone: 954-457-0970