2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P980000 34960 \
1. Entity Name SEGWAY SERVICES INC... 44 Jun 09, 2000 8:00 am **Secretary of State** 06-09-2000 90025 047 ***150.00 Principal Place of Business 00062825 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 65 0827657 Not Applicable Country Zip 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 KON ALI KONALD Dillow Street Address (P.O. Box Number is Not Acceptable) 756 BERKELEY STREET NB LATOW, PC 33487 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRES-, SECU & MES. PRESIDENT, SECY & TRES. TITLE TITLE Dillow RONALD DIllow NAME 256 BERKELEY STREET BOCK PLATIN FL 33487 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PRESIDENT MCE PRESIDENT MANGARETA DILLO NICE TITLE TITLE MARGARET NAME NAME 77 STIMERS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 supplied entire the properties 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 of 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 will all other like empowered SIGNATURE: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR