## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # F42665** 1. Entity Name ELLIS SERVICE COMPANY, INC. 04-04-2001 90111 024 \*\*\*150.00 Principal Place of Business Mailing Address 3600 NE 5 AVE 3600 NE 5 AVE OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2151017 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name --ELLIS, WALKER R., SR Street Address (P.O. Box Number is Not Acceptable) 3600 NE 5 AVENUE OAKLAND PARK FL 33334 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 reinstains). After MAY 1 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so Trust Fund Contribution Addec (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS\* , S. A. A. A. A. 12. 人。 12. 人 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE ELLIS, MARSHA C NAME NAME STREET ADDRESS 3600 NE 5 AVENUE STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ELLIS, WALKER S NAME 3600 NE 5 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete ELLIS, WALKER R JR NAME 3600 NE 5 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL 33334 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

954-584-1055

Daytime Phone #