

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000006072**

1. Entity Name

SWITCH SERVICES, INC.

Principal Place of Business

Mailing Address

**6001 BROKEN SOUND PKY STE 400
BOCA RATON FL 33487****6001 BROKEN SOUND PKY STE 400
BOCA RATON FL 33487-2766**

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 600

City & State

same

Suite, Apt. #, etc.

Suite 600

City & State

same

Zip

Country

Zip

Country

4. FEI Number

65-0292121Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERK, LAWRENCE D
6001 BROKEN SOUND PKY STE 400
BOCA RATON FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 600

City

FL

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **DP** ☐ Delete
NAME **FERK, LAWRENCE D**
STREET ADDRESS **691 NE 29TH PL**
CITY-ST-ZIP **BOCA RATON FL 33431**TITLE **ST** ☐ Delete
NAME **CLARK, CLOYCE C**
STREET ADDRESS **3016 LINCOLN CT**
CITY-ST-ZIP **GARLAND TX 75041**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence D Ferk, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-19-2000**

Date

561-884-6222

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90020 031 ***150.00

608970

DO NOT WRITE IN THIS SPACE