2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F98000006444 **DOCUMENT #**

1. Entity Name

FACILITY SUPERVISION COMPANY, INC.

FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90378 030 ***150.00

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City & State Nome and Address of New Registered Agent To Name and Address of New R	2. Principal Place of Business		3. Mailing Address		 	iil 00 16 6 0 1616 0 1661	8 8 8 8 88	
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JONES, SCOTT W 195 N.W. 12TH AVE. DEERFEIGD BEACH FL 33443 *** *** ** ** ** ** ** **	Zip	Country	Zip	Countr	у	5. Certificate of Status Desired	\$8.75 Add	ditional
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	1		7. Name and Address of New Registere		
185 N.W. 12TH AVE. DEERFIELD BEACH FL 33443 City FL Zip Code	101.50				Name	,		_
City FL Zip Code		~-\tau_{h}	Street Address		P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent. Signature Signat	DEERFIEL	D BEACH FL 33443		Г				
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will the \$550.00 May Be Added to Foes Agent squaruse required when subspacing) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will the \$550.00 May Be Added to Foes Agent squaruse required when subspacing) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will the \$550.00 May Be Added to Foes Added to F	1	¥ .			City	F	Zip Cod	e
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1

