2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # G81845** COLT SERVICES, INC. 04-21-2000 90023 047 ***150.00 Principal Place of Business Mailing Address MINAMAT PARKWAY 8910-MIRAMAR PARKWAY STE_112 X J D J U A STE_112-HOLLYWOOD Ft 33025-4187 HULLTWILD FL 33025... ાંાડ 2. Principal Place of Business 3. Mailing Address 6750 Taft 6750 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59-2382482 Hollywood Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired US A USA 33024 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDWICH, LEE S. Street Address (P.O. Box Number is Not Acceptable) Taft 8910 MIRAMAR PARKWAY -STE: 112 _HOLLYWOOD-FL-33025___. Zip Code 33024 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 . (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition **PDST** ☐ Change TITLE ☐ Delete TITLE GOLDWICH, LEE S NAME 4750 Taff St. Hollywood, FC 33024 STREET ADDRESS STREET ADDRESS 8910 MIRAMAR PKWY., STE. 112 CITY-ST-ZIP CITY-ST-ZIP HOLYWOOD FL ☐ Delete TITLE KIRSCHBAUM, MARIS NAME NAME 40150 Taft. St. Hollywood, FC 33024 STREET ADDRESS STREET ADDRESS 8910 MIRMMAR PKWY., STE. 112 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33025 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF

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 truetee exponented to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIG

Delete

Change

Addition