Feb 20, 2002 8:00 am Secretary of State

02-20-2002 90077 010 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

H70507

OCUMENT # Entity Name

APITAL REPORTING SERVICE, INC.

Incipal Place of Rusiness

Mailing Address

Incobal Liac	70 OI DUSINOSS	Walling Addices					
BB SOUTH ANDREWS AVE TE. 304 T LAUDERDALE FL 33316		888 SOUTH ANDREWS AVE STE. 304 FT LAUDERDALE FL 33316					
Principal P	Place of Business	3. Mailing Address				11611 61811 61811 61811 618	(A DIRECTOR)
	E. BRD AVENUE	Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 500 A. City & State		JUE			
Suite, Apt.		Suite, Apt. #, etc.	500 A.		DO NOT WRITE IN T	HIS SPACE	
City & Stat		City & State	20077	——————————————————————————————————————	FEI Number	T [Apr	lied For
	AUDENDALE, FC	. FT. LAUDEN	DACE, F	=C "	59-2561899	 	Applicable
'Zip 333	Country	Zip 333/6	Country BLOWAR		Certificate of Status Desired	\$8.75 Addit Fee Required	
F	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registe	red Agent	
TODD, RE		٠.	Name Street Address ((P.O. Box Number is Not Acceptable) ,		
11373 NW CORAL S	PGS FL 33076		\				
			City			FL Zip Code	
						· <u>-</u>	
	named entity submits this statement fo	or the purpose of changing its	s registered office o	r registered ag	gent, or both, in the State of Florida.		
*							A
IGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signal	ture required when t	einstatino) D	ATE	
!- •							
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		Election Campaign Financing Trust Fund Contribution.	9 \$5.00 □ Added t) May Be to Fees
<u>.</u>	OFFICERS AND		12.		J DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	IN 11
TLE	DP	□ Delete	TITLE	Ţ	55.116.16, 67.11.1626 1.5 G. 1.162.16	☐ Change	Addition
AME	TODD, RENEE		NAME				
REET ADDRESS	11373 NW 49 DRIVE		STREET ADDRESS				
TY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP				
TLE	SVT	X □ Delete	TITLE	Vice-	President	☐ Change 3	Addition
AME	TODD, RENEE		NAME		Zabelny		
REET ADDRESS	11373 NW 49 DRIVE		STREET ADDRESS		N.W.49 Drive		
TY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP				
TLE		Delete	TITLE TO THE	Secre	Springs, Fl.	☐ Change	Addition XX
ME			NAME	Lisa			
REET ADDRESS			STREET ADDRESS	5582	N.W. 125 Terrace		
TY-ST-ZIP			CITY-ST-ZIP	Coral	Springs, Fl.		
TLE		☐ Delete	TITLE	Treas		Change 2	XX Addition
ME			NAME		tha Todd		
REET ADDRESS			STREET ADDRESS		N.W. 49 Drive		
TY-ST-ZIP			CITY-ST-ZIP		Springs, Fl.		
TLE		☐ Delete	TITLE		or	☐ Change	Addition
ME			NAME	1			
REET ADDRESS			STREET ADDRESS				
TY-ST-ZIP			CITY-ST-ZIP				
rle		☐ Delete	TITLE			☐ Change	Addition
ME			NAME				
REET ADDRESS			STREET ADORESS	1			
14-S1-7P	İ		■ PHY_ST_7ID	1			

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:

954-522-6401