## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # H71118 CORPORATE RISK SERVICE CORP. 01-26-2000 90205 010 \*\*\*158.75 Principal Place of Business Mailing Address 1370 S. OCEAN BLVD. 1370 S. OCEAN BLVD. 907491 STE. 2702 STE. 2702 POMPANO BEACH FL 33062-7140 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-1650404 ىلىدائىرىۋA Not 5. Certificate of Status Desired \$8.75. Additional Country Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PACE, CHARLES J. Street Address (P.O. Box Number is Not Acceptable) 1370 S. OCEAN BLVD. STE. 2702 POMPANO BEACH FL 33062 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TIT! F PACE, THOMAS D 1370 S. OCEAN ALVA # 2702 POMPANO BEACH, FL 33062 NAME PACE, THOMAS D NAME STREET ADDRESS STREET ADDRESS 1370 S OCEAN BLVD #2702 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33661 ☐ Delete TITLE TITLE NAME NAME 1370 S. OREDN BLVD. #270V STREET ADDRESS STREET ADDRESS POMPANO-BEACH, FI- 3-306V CITY ST-ZIP CITY\_ST\_7(P ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ .... ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE

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 changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1/16/00

954-772-3432

☐ Change

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Daytime Phone #