2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen with an address

SIGNATURE:

with all other like empowered.

Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # J21056** 1. Entity Name I. M. SERVICES, INC. 04-25-2000 90075 014 ***150.00 Principal Place of Business Mailing Address 1922 NW 81 AVENUE 1922 NW 81 AVENUE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-6234 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2691036 Not Applicable Zip Country _Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEYER, IRWIN Street Address (P.O. Box Number is Not Acceptable) 1922 NW 81 AVENUE CORAL SPRINGS FL 33063 Zip Code City ٠, 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) 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 D Change ☐ Addition Delete TITLE TITLE NAME NAME MEYER, IRWIN STREET ADDRESS STREET ADDRESS 1922 NW 81 AVENUE CITY-ST-7/P CITY-ST-ZIP CORAL SPRINGS FL Change ☐ Addition TITLE Delete TITLE NAME NAME MEYER TERRY STREET ADDRESS STREET ADDRESS 1922 N.W. 81ST AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL □ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED