CR2E034 (9/01

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am § Secretary of State J21056 DOCUMENT # 1. Entity Name 04-24-2002 90279 042 ***150.00 I. M. SERVICES, INC. Principal Place of Business Mailing Address 1922 NW 81 AVENUE 1922 NW 81 AVENUE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2691036 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent = --- 7. Name and Address of New Registered Agent --Name MEYER, IRWIN Street Address (P.O. Box Number is Not Acceptable) 1922 NW 81 AVENUE CORAL SPRINGS FL 33063 City Zip Code 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME MEYER, IRWIN NAME STREET ADDRESS 1922 NW 81 AVENUE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-7IP TITI F ☐ Delete TITLE Change ☐ Addition NAME MEYER, TERRY NAME STREET ADDRESS 1922 N.W. 81ST AVENUE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP CORAL SPRINGS FL TITLE Delete TITLE - Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

changed, or on an attachment with an address with all other like empowered VILL Pres. 4. 15.2002 9547521184 **SIGNATURE:**

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