2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J59407** Jul 18, 2000 8:00 am 1. Entity Name EXQUISITE SERVICES, INC. **Secretary of State** 07-18-2000 90016 043 ***150.00 Principal Place of Business Mailing Address 600 S. BARRACKS STREET 600 S. BARRACKS STREET SUITE 112 201 A PENSACOLA FL 32501 SUITE HE 301 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2829537 Not Applicable Zip Country 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 PFAFF, SUZAN H. Street Address (P.O. Box Number is Not Acceptable) 600 S BARRACKS ST SUITE-+12 -201/5 PENSACOLA FL 32501 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSVP** TITLE TITLE Delete PFAFF, SUZAN H. NAME NAME 200 Pensacola B STREET ADDRESS STREET ADDRESS -896 FT:PICKENS RD#E109 CiTY-ST-ZIP CITY-ST-ZIP PENSAGOLA BEACH FL ☐ Addition TITLE TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change — 🖃 Addition. . Delete JITLE, TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete 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 T/T/ F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 opporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if



July 10, 2000

Dear Division of Corporations:

We are in receipt of your second notice to renew our coporatation. We never received a first notice. We hope you will accept our payment of \$150:00. In our 15 plus years as a corporation we have never not paid before the pentalty date.

We have changed our suite address in hopes this won't happen next year.

Thank you very much,

Suzan Pfaff, President