2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # K04027** 1. Entity Name FLORIDA PROFESSIONAL DATA SERVICES, INC. 04-16-2001 90021 028 ***150.00 Principal Place of Business Mailing Address 5319 NO DIXIE HIGHWAY 5319 NO DIXIE HIGHWAY FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 HS 2. Principal Place of Business 3. Mailing Address 6003 NW 3157 6003 NW 3/ST AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0180916 FORT LAUDERDALG Not Applicable \$8:75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOORG DAVID MOORE, KATHLEEN 2770 NW 5TH ST POMPANO BEACH FL 33062 LAUDERDALE 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 (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Addition TITLE TITLE ☐ Delete PD MODRE, KATHLEEN 6003 NW 31ST AVE MOORE, KATHLEEN NAME NAME STREET ADDRESS STREET ADDRESS 5319 NO DIXIE HIGHWAY FT LAUDERDALG FL 33309 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE **№** Change Addition TITLE ☐ Delete MOORE, DAVID 6003 NW BISTANG-MOORE, DAVID L NAME NAME STREET ADDRESS STREET ADDRESS 5319 NO DIXIE HIGHWAY _ = = LAUDERDALE, FL 33305 CITY-ST-ZIP _ FT. LAUDERDALE FL CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete 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-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNING OFFICER OR DIRECTOR