## FILED 2003 FOR PROFIT CORPORATION Mar 03, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State K75687 DOCUMENT # 1. Entity Name 03-03-2003 90844 039 \*\*\*150.00 FINANCIAL SERVICES SUPPORT GROUP INC. Principal Place of Business Mailing Address 129 MCCOY DR P O BOX 189 LAKE PLACID FL 33852 LAKE PLACID FL 33852 2. Principal Place of Business 3. Mailing Address 300 Del Hell P.O. Box 189 au18 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES ake Plac City & State 4. FEI Number Applied For BI LAKE 65-0108819 PLACID Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33852 33862-0189 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -PEREZ, EDUARDO J. Street Address (P.O. Box Number is Not Acceptable) 17790 127 DR NO JUPITER FL 33478 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE d title if applicable (NOTE: Registered Agent signature required when reinstating) - FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition PEREZ, EDUARDO J. Perez, Edvardo J. NAME NAME 17790 127 DR NO STREET ADDRESS CIR. NO. STREET ADDRESS 6 Meadow Lake CITY-ST-ZIP Jupiter Fl CITY-ST-ZIP LAKE PLACID, FL 33852 TITLE **VSD** Delete TITLE **V3D** -Change ☐ Addition NAME PEREZ, MARITZA NAME MARITZA STREET ADDRESS 17790 127 DR NO STREET ADDRESS Meadowcake Cir. No. CITY-ST-ZIP JUPITER FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 4

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Change

☐ Addition