DOCUMENT # M30827 1. Entity Name SERCO ENTERPRISE INC.					Secretary of State 02-07-2002 90007 014 ***150.00		
Principal Place 2480 HAMMON BAY #12 POMPANO BE US 2. Principal P Suite, Apt.	ACH FL 33069 lace of Business E. Falm DRIVE	Mailing Address 2480 HAMMONDVILLE ROAD BAY #12 POMPANO BEACH FL 33069 US 3 Mailing Address Suite, Apt. #, etc.		DRIVe	DO NOT WRITE IN THIS SPACE		
City & State Mark Zip Sign Sign	rate +L	Mårate	FL Country		FEI Number 59-2666932 Applied For Not Applicable Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current F			7. 1	Name and Address of New Registered Agent		
COTE, SERGE 2480 HAMMONDVILLE ROAD BAY #12			Name)	Stress Address (P.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33069				City MA COST P. FL Zip Sodan 63			
				1A1C	1011 C - 1 C - 1000		
8. The above named entity submits this statement for the purpose of clanging its registered office or registered agent, or both, in the State of Florida. SIGNATURE SERGE COTE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature coursed when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00							
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002	002 Fee will be \$550.00 able to Department of Stat		10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITEE NAME	DP COTE, SERGE	☐ Delete	TITLE NAME		Change Addition		
	2480 HAMMONDVILLE RD, 12		STREET ADDRESS	135	E. faim DRIVE		
CITY-ST-ZIP	POMPANO BEACH FL		CITY-ST-ZIP	MAR	GATE FI 33063		
TITLE	ST	☐ Delete	TITLE		thange Addition		
NAME CTREET LODDESC	COTE, NANCY		NAME STREET ADDRESS	125	gate Fl 33063		
STREET ADDRESS CITY-ST-ZIP	2480 HAMMONDVILLE RD, 12 POMPANO BEACH FL 33069		CITY-ST-ZIP		mate E1 33063		
TITLE	101117410 22101112 0000	☐ Delete	TITLE	1010	☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS . CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	TITLE		☐ Change ☐ Addition		
NAME		LLI Delete	NAME				
STREET ADORESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	, <u>.</u>	☐ Delete	TITLÉ		☐ Change ☐ Addition		

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SERCENCATURE

NAME

STREET ADDRESS

CITY-ST-ZIP