FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90502 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # m36175

1. Entity Name

Reference Services of Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3438 N. Ocean Bl.	P.O. Box 5358
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Lake Worth, FL.
Zip: 33308 Country: U.S.A.	Zip: 33466 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0136852 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carl S. Marzola

Street Address (P.O. Box Number is Not Acceptable): 3438 N. Ocean Bl.

City: Fort Lauderdale, FL Zip Code: 33308

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PSTC NAME: Carl S. Marzola STREET ADDRESS: 3438 N. Ocean Bl CITY-ST-ZIP: Fort Lauderdale, FL 33308	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Gabriel P. Munoz STREET ADDRESS: 3438 N. Ocean Bl. CITY-ST-ZIP: Fort Lauderdale, FL 33308	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Carl S Marzola STREET ADDRESS: 3438 N. Ocean Bl CITY-ST-ZIP: Fort Lauderdale, FL 33308	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: Carl S. Marzola CARL S. MARZOLA PRESIDENT 4/29/02 954-564-8182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #