2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001719 1. Entity Name SOUTH FLORIDA CHINA ADOPTION SERVICES, INC. Principal Place of Business Mailing Address 122 SW 51 ST. TERRACE 122 SW 51 ST. TERRACE CAPE CORAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address

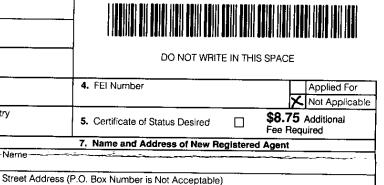
Suite, Apt. #, etc.

City & State

Zip

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

08-27-2002 90116 033 ****61.25



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.

Country

ŞIGNATURE	
√	Signature, typed or printed name of registered agent and title if applicable.

Country

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

KINCKERBOCKER, DAVID 122 SW 51 ST. TERRACE CAPE CORAL FL 33914

City & State

Zip

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-2)P

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

10632 BAYTREE CT.

MCLEAN, BETTE

886 ENTRADA DR.

FT MYERS FL 33911

122 SW 51ST, TERRACE

CAPE CORAL FL 33914

KNICKERBOCKER, ELIZABETH

LEHIGH ACRES FL 33936

CITY-ST-ZIP

(NOTE: Registered Agent signature required when reinstating)

DATE

Payable to t of State

ECTORS IN 10

Change

	After September 13, 2002, min. will be \$236.25.		ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Payable Department of State	
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II		
TITLE	DP	☐ Delete	TITLE	7.55.1.67.67.618.41626		
NAME	PATTERSON, DEBBIE	L Delete	NAME		☐ Change	
STREET ADDRESS						
CITY-ST-ZIP	FT. MYERS FL 33901		STREET ADDRESS CITY-ST-ZIP			
			CITY-ST-ZIP			
TITLE	DV .	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	
NAME	I BROOKS DEANNA		NAME		□ Onlange	

5085 RUSSELL AVE. FT. MYERS FL 33919 DS Delete HESS, CHERYL

☐ Delete

STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE

> NAME STREET ADDRESS CITY-ST-ZIP

> > TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS CITY-ST-ZIP

Delete TITLE NAME ☐ Change ☐ Addition

☐ Change

Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: Ale

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

8/23/02

Addition

Addition

Addition

☐ Addition