

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90025 045 \*\*\*\*70.00

**DOCUMENT # N03000008806**

1. Entity Name  
**FIRST SERVE, INC.**

Principal Place of Business  
401 EAST LAS OLAS BLVD.  
SUITE 1400  
FT. LAUDERDALE, FL 33301 US

Mailing Address  
401 EAST LAS OLAS BLVD.  
SUITE 1400  
FT. LAUDERDALE, FL 33301 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082004

Chg-NP

CR2E037 (10/03)

4. FEI Number

**05-0588900**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**BUCHHOLZ, EARL H III**  
401 EAST LAS OLAS BLVD.  
SUITE 1400  
FT. LAUDERDALE, FL 33301

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **DPT**  
STREET ADDRESS **BUCHHOLZ, EARL H III**  
CITY-ST-ZIP **1113 SE 8TH ST.  
FT. LAUDERDALE, FL 33316**

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **BUCHHOLZ, EARL H JR.**  
CITY-ST-ZIP **4725 DAVIS ROAD  
MIAMI, FL 33143**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **STRICKLAND, J. WILLIAM**  
CITY-ST-ZIP **350 EAST ST. JOHN STREET  
SPARTANBURG, SC 29302**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #