FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 24, 2001 8:00 am Secretary of State DOCUMENT # P00000001575 1. Entity Name 08-24-2001 90002 031 \*\*\*550.00 PALM BEACH OFFICE SYSTEMS, INC. Principal Place of Business Mailing Address 4152 W BLUE HERON BLVD 4152 W BLUE HERON BLVD AUU82619 SUITE 129 SUITE 129 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State -*096 933*0 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, LESLIE -511 NW 158TH AVENUE PEMBROKE PINES FL 33028 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PVST** Dust CR2E034 (5/01) Delete TITLE Addition TITLE King, Les lie NAME KING, LESLIE NAME annundale cikele STREET ADDRESS 511 NW 158TH AVENUE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33028 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE 1754 annunche wiel NAME KING, LESLIE NAME STREET ADDRESS 511 NW 158TH AVENUE STREET ADDRESS CITY-ST-ZIP C/TY-ST-7/P PEMBROKE PINES FL 33028 Change ☐ Addition Delete TITLE TITI F NAME -- -NAMF... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE: