2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000025112 DOCUMENT

1. Entity Name

LSR BUSINESS SERVICES, INC.



FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90635 046 ***150.00

| TRI CARRATION COURT SELRAY BEACH FL 33MS SUBMINION AND PROPERTY SEARCH FL 33MS SUBMINION AND PROPERTY CARRANTON CT City & Status Country Count | | | | | | |
|--|--|--|--|---------------------------------|--|----------------------------------|
| Surie, Apt. #, etc. Surie, Ap | Principal Place of Business 2717 CARNATION COURT DELRAY BEACH FL 33445 | | % STAHL & ASSOCIATES 138 N SWINTON AVENUE | | | |
| City & State City & City & State City & State City & State City & State City & Ci | Principal Place of Business | | 3. Mailing Address C/O JEANNE ROMER | | | itas altat ilaat tiala ilas ibot |
| The property of the property of the purpose of changing its registered agent, or both, in the State of Florida Department of the purpose of changing its registered agent, or both, in the State of Florida Department of State Desire Address and North Acceptable) | Suite, Apt. # | , etc. | 2 Suite, Apt. # etc. NAT | ION CT | A CHECK HERE IF MAKING | |
| St. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addr | City & State | | DELRAY BEACH FL | | 4. FEI Number 65-0994051 | Not Applicable |
| ROMER_JEANNE G 2717 CARNATION COURT DELRAY BEACH FL 33445 City FL Zip Code City FL | Zip | Country | | Country | | Fee Required |
| ROMER, JEANNE G 2717 CARNATION COURT DELRAY BEACH FL 33445 City FL Zip Code Code Code Code Code Code Code Code Code | | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered | Agent |
| 2717 CARNATION COURT DELRAY BEACH FL 33445 City FL Zip Code A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fam siar with, and accept the obligations of registered agent. Signature, inveiling inveitor name of registered agent. FILE NOW!!!! FEE IS \$150.00 After May 1, 2003 'Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE SIRRET ADDRESS ONY-S1-2P TITLE MAKE SIRRET ADDRESS ONY-S1-2P Delate TITLE MAKE SIRRET ADDRESS ONY-S1-2P DELATE DELATE SIRRE | | | | Name | | |
| Signature, rysed of primed name of negistered agent. City FL Zip Code | | | | Street Address | s (P.O. Box Number is Not Acceptable) | |
| 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. Comparison of registered agent and site is applicable Change Change Addition | DELRAY BI | EACH FL 33445 | | City | FL | Zip Code |
| SIGNATURE Growthen syntal of prised agent and 160 if applicable (NOTE: Registered Agent signature incultion when neintaining) FILE NOW!!!'. FEE IS \$150.00 After May 1, 2003-Fee will be \$550.00 and the state of th | | | <u> </u> | | | |
| FILE NOW!!! FEE IS \$15.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. | 8. The above the obligation | named entity submits this statement forms of registered agent. | or the purpose of changing its reg | istered office or regist | ered agent, or both, in the state of Fiolida. Fam. | tarrina with and assept |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | SIGNATURE | Signature, typed of printed name of registered agen | nt and title if applicable. (NOTE: Re | gistered Agent signature requir | red when reinstating) DATE | |
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| GHY-51-4P | | | | | | |
| | CITY-ST-ZIP | | | | Continue 110 07/2/(i) Florida Statutes I further o | ertify 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: