2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State DOCUMENT # P00000025736 1. Entity Name 03-24-2002 90032 027 ***150 00 EXCEPTIONAL SERVICES, INC. Principal Place of Business Mailing Address C/O JORGE AQUINO C/O JORGE AQUINO 312 GEORGIAN PARK DR. 312 GEORGIAN PARK DR. JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0991021. Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AQUINO, JORGE Street Address (P.O. Box Number is Not Acceptable) 312 GEORGIAN PARK DR. JUPITER FL 33458 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE ☐ Addition ☐ Change NAME PLAINE, VICTORIA NAME STREET ADDRESS 312 GEORGIAN PARK DR. STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP TITLE VSD ☐ Delete ☐ Change ☐ Addition NAME aquino, jorge STREET ADDRESS STREET ADDRESS 312 GEORGIAN PARK DR. CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 TITLE Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 it changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTER IGNING OFFICER

March 11, 2002 | 561 - 748 - 9440

FILED