

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065398

1. Entity Name
SIX SIGMA SERVICES, INC.

Principal Place of Business Mailing Address
15634 SOUTHWEST 16TH COURT 15634 SOUTHWEST 16TH COURT
PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027

2. Principal Place of Business 3. Mailing Address
3600 S. STATE ROAD 7, Suite, Apt. #, etc.
SUITE 12 Suite, Apt. #, etc.

City & State City & State
MIAMI FL Zip Country
33023 USA

4. FEI Number 65-1028642 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name ROBERT DRUMMOND
Street Address (P.O. Box Number is Not Acceptable)
15634 SW 16th Court
City PEMBROKE PINES FL Zip Code 33027

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 ROBERT DRUMMOND, PRESIDENT April 26, 2001
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DRUMMOND, ROBERT	
STREET ADDRESS	15634 SOUTHWEST 16TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GORDON, RICHARD	
STREET ADDRESS	15634 SOUTHWEST 16TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: ROBERT DRUMMOND April 26, 2001 983-6338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90068 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)