2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND TYPED OF

SIGNATURE:

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # P00000083385 1. Entity Name 04-16-2002 90057 045 ***150.00 IMMORTAL SOLUTIONS ENTERPRISES INC. Principal Place of Business Mailing Address 4491 S. STATE RD.7 #314 4491 S. STATE RD.7 #314 DAVIE FL 33314 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State APPLIED FOR Not Applicable 75 073 Y Country Country \$8.75 Additional 5.-Certificate of Status Desired ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILVERMAN, LLOYD Street Address (P.O. Box Number is Not Acceptable) 4491 S. STATE RD.7 #314 DAVIE FL 33314 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE □ Delete TITLE NAME SILVERMAN, LLOYD NAME STREET ADDRESS 4491 S. STATE RD.7 #314 STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33314** CITY-ST-7IP ☐ Change Addition od Vice President TITLE Bairy chitwood Rs. 7#314 NAME NAME S State R1 7 # 314 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Davie, Fl. 35314. CITY-ST-ZIP. Change Addition Director TITLE ☐ Delete TITLE Heary Like tel NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition Climton Stran NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Schretny/ Traylor Change Addition TITLE □ Detete NAME NAME Swen Silverman STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition □ 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

FILED