2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000089133 1. Entity Name BRITANNIA BUILDING SERVICES INC.

FILED May 09, 2002 8:00 am Secretary of State 05-09-2002 90090 018 ***150.00

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Principal Pla	ace of Busines	GS .	Mailing Address	·	·	—				
4573 NW 8TH LANE			4573 NW 8TH LANE							
FORT LAUDE	ERDALE FL 33	309	FORT LAUDERDALE FL 33309							
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2. Principal	Place of Busin	ness	3. Mailing Address							
	1 1400 01 0401	1000	5. Maining Address				1 10001604 M4 80411 60111 84111 88111 804	., 4010; 10110 1010; 1	(BOR 11188 (11) 1881)	
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Ste	ate	ديد چې . د پېښېوم برېښې سد اه	City & State	City & State			A CCINI-			
						4.	65-1046711		Applied For Not Applicable	
Zip :;		Country	Zip	Cour	ntry	5.	Certificate of Status Desired		Additional	
<u>.</u>	6. Name	and Address of Curren	Registered Agent	Registered Agent			Fee Required 7. Name and Address of New Registered Agent			
ţ		Tana Francisco di Garretti	Tregistered Agent		Name		Name and Address of New Regist	ered Agent		
BENBOW	. PETER									
4573 NW 8TH LANE Street Address (P.O. Box Number is Not Acceptable)										
FORT LA	UDERDALE	FL 33309							<u> </u>	
					City			Zip C	`oda	
								FL Zip C	ode	
8. The above	e named entity	y submits this statement fo	or the purpose of changing	g its register	ed office or reg	gistered ag	ent, or both, in the State of Florida.			
0.00.4.7.1.00			•							
SIGNATURE		or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature re	equired when re	einstating)	DATE		
9. This corpo	oration is eligi	ble to satisfy its Intangible			IS \$150.00					
Tax filing requirement and elects to do so.			After May 1, 2002 Fee will be \$			00	10. Election Campaign Financing	, ~	.00 May Be	
	ria on back)		Make Check Pa	yable to De	epartment of	State	Trust Fund Contribution.	☐ Add	ded to Fees	
11.	10	OFFICERS AND		12.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 11	
TITLE NAME	D Benbow,	DETED	☐ Delete	TITLE				☐ Chang	e 🔲 Addition	
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CITY-ST-ZIP		DERDALE FL 33309			ST-ZIP					
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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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

954 568 9789