2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am § Secretary of State P00000089677 DOCUMENT # 1. Entity Name ACQUISITION SPECIALISTS, INC. 05-02-2002 90030 021 ***150.00 Principal Place of Business Mailing Address 3012 E. COMMERCIAL BLVD. 3012 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address AME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1050925 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 Name BIZZARRO, DEBORAH L Street Address (P.O. Box Number is Not Acceptable) 2929 E. COMMERCIAL BLVD. SUITE PH-C FORT LAUDERDALE FL 33308 City 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 SIGNATUR 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 equirement 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE ☐ Delete TITLE PSD Change Addition O'NEIL, SEAN NAME O'NEIL, SEAN NAME 4900 N OCEAN BLVD STREET ADDRESS STREET ADDRESS 902 FIRST STREET CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP POMPANO BEACH, FL 33060 TITLE ☐ Delete VPTD TITLE Change Addition COPLAND, JANET 902 FIRST STREET NAME COPLAND, JANET NAME STREET ADDRESS 3012 E. COMMERCIAL BLVD. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-7IP POMPANO BEACH, FL 33060 TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition 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 changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR