## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P00000107622

1. Entity Name

CITY LIEN SEARCH, INC.

Principal Place of Business

Mailing Address

FILED
May 03, 2001 8:00 am –
Secretary of State

05-03-2001 90096 047 \*\*\*150.00

H PLACE 3323	11471 NW 30TH PLACE SUNRISE FL 33323											
2. Principal Place of Business 3. Mailing Address												
. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
te	City & State	City & State			4. FEI Number 65. 104/659					Applied For		
Country	Zip	Country			5. Certificate of Status Desired			S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7	. Nam	e and Address of	f New Regis	tered Ag	ent		1	
				Name								
BOGGESS, SHELBY F.III			Street A	Address (P.C							╣.	
SUNRISE FL 33323						•) 5						
			City					FL	Zip Co	de		
e named entity submits this statement f	or the purpose of changing its	registere	d office o	r registered	agent,	or both, in the Sta	ite of Florida				-	
Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	Agent signa	ture required whe	n reinstal	ling)		DATE			ļ	
Tax filing requirement and elects to do so. After MAY 1, 2001		01 Fee	Fee will be \$550.00				-	ng 🗆				
OFFICERS AND	DIRECTORS	12.			ADDITI	ONS/CHANGES	TO OFFICER	S AND D	IRECTOR	IS IN 11	1.	
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BOGGESS, LINDA		NAME									1	
11471 NW 30TH PLACE	= **											
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	Place of Business  #, etc.  # etc.  Country  6. Name and Address of Curren  GESS, SHELBY F III  1 NW 30TH PLACE RISE FL 33323  e named entity submits this statement for statement and elects to do so.  Total on back)  OFFICERS AND  D  BOGGESS, SHELBY F III  11471 NW 30TH PLACE  SUNRISE FL 33323  D  BOGGESS, LINDA	SUNRISE FL 33323  Place of Business  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  GESS, SHELBY F III  1 NW 30TH PLACE RISE FL 33323  In named entity submits this statement for the purpose of changing its  Signature, typed or printed name of registered agent and title if applicable.  NOTE  Proportion is eligible to satisfy its Intangible requirement and elects to do so.  Tria on back)  OFFICERS AND DIRECTORS  D  BOGGESS, SHELBY F III  11471 NW 30TH PLACE  SUNRISE FL 33323  D  Delete  Delete  Delete	SUNRISE FL 33323  Place of Business  #, etc.  Country  Zip  Country  Zip  Country  Signature. Nyped or printed name of registered agent and telle if applicable.  Correction is eligible to satisfy its Intangible requirement and elects to do so.  In an and elects to do so.  OFFICERS AND DIRECTORS  D  BOGGESS, SHELBY F III  11471 NW 30TH PLACE SUNRISE FL 33323  D  Delete  SIGNATURE REGISTERE  After MAY 1, 2001 Fee Make Check Payable to De  OFFICERS AND DIRECTORS  D  BOGGESS, SHELBY F III  11471 NW 30TH PLACE SUNRISE FL 33323  D  Delete  STREE  SUNRISE FL 33323  D  Delete  TITLE  NAME  STREE  CITY-  DELET  DELET  DELET  STREE  CITY-  TITLE  NAME  STREE  CITY-  DELET  DELET  TITLE  NAME  STREE  CITY-  TITLE  NAME  STREE  STREE  CITY-  TITLE  NAME  STREE  C	Sunrise FL 33323  Place of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  6. Name and Address of Current Registered Agent  Name  GESS, SHELBY F. III  1 NW 30TH PLACE RISE FL 33323  City  In named entity submits this statement for the purpose of changing its registered office of the purpose of changing its registered Agent signs  praction is eligible to satisfy its Intangible requirement and elects to do so.  Internation is eligible to satisfy its Intangible requirement and elects to do so.  In an Dack)  Defence will be \$  Make Check Payable to Department  OFFICERS AND DIRECTORS  Delete  NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELET TITLE NAME STREET ADDRESS CITY	SUNRISE FL 33323  Place of Business  3. Mailing Address #, etc.  City & State  Country  Zip  Country  Zip  Country  6. Name and Address of Current Registered Agent  Name  GESS, SHELBY F. III  1 NW 30TH PLACE RISE FL 33323  City  Inamed entity submits this statement for the purpose of changing its registered office or registered agent and elected to do so.  In an address of rame of registered agent and life if applicable.  Portion is eligible to satisfy its Intangible requirement and elects to do so.  In an back)  OFFICERS AND DIRECTORS  D  OFFICERS AND DIRECTORS  D  BOGGESS, SHELBY F III  11471 NW 30TH PLACE  SUNRISE FL 33323  D  D  D  D  D  D  D  D  D  D  D  D  D	Place of Business   3. Mailing Address   4. FEI    #. etc.   Suite, Apt. #. etc.    Country   Zip   Country   5. Cert    6. Name and Address of Current Registered Agent   7. Nam    GESS, SHELBY F. III   Name   Street Address (P.O. Box I    1 NW 30TH PLACE   Rise FL 33323    Signature, hipse or privated name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinfold proutinement and elects to do so.    After MAY 1, 2001 Fee will be \$550.00    After MAY 1, 2001 Fee will be \$550.00	A place of Business  3. Mailing Address  4. FEI Number  Country  Zip  Country  Zip  Country  Signification  6. Name and Address of Current Registered Agent  Name  GESS, SHELBY F. III  1 NW 30TH PLACE  RISE FL 33323  Totation is eligible to satisfy its Intangible requirement and elects to do so. In on bock)  Defete Make Check Payable to Department of State  Defete  Signification  OFFICERS AND DIRECTORS  Defete  SURRISE FL 33323  Defete  Signification  OFFICERS AND DIRECTORS  Defete  SURRISE FL 33323  Defete  Signification  OFFICERS AND DIRECTORS  Title  NAME  Signification  Signification  OFFICERS AND DIRECTORS  Title  NAME  Signification  Signification  OFFICERS AND DIRECTORS  Title  NAME  Signification  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  Title  NAME  Signification  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  Title  NAME  Signification  OFFICERS AND DIRECTORS  OFFICERS AN	Surface of Business  #. etc.  Sulle, Apt. #, etc.  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Steet Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  GESS, SHELBY F III  1 NW 30TH PLACE  Rise FL 33323  City  City  City  Country  Street Address (P.O: Box Nürriber is Not Acceptable)  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Department of State  Delete  BOGGESS, SHELBY F III  11471 NW 30TH PLACE  SURRISE FL 33323  Delete  Delete  Delete  NAME  SIREET ADDRESS  CITY-ST-2P  Delete  TITLE  NAME  SIRET ADDRESS	Sure of Business   3. Mailing Address	Suries Address   Suries   Suri	SURFISE PL. 30323    Rec.   Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	

13. I hereby certify that the information supplied with this filling 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 TYPEDDE FRINTED NAME OF SIGNING OFFICER OF DIRECTOR 7