

2001 UNIFORM BUSINESS REPORT (UBR)

4/27
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FILED
Jun 21, 2001 8:00 am
Secretary of State

04-27-2001 90252 010 ***150.00

DOCUMENT # P00000114859			
1. Entity Name 360 PERSONAL SERVICES CORPORATION, INC.			
Principal Place of Business 961 SW 95TH TERR PEMBROKE PINES FL 33025		Mailing Address 961 SW 95TH TERR PEMBROKE PINES FL 33025	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1071725		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, RODNEY K 961 SW 95TH TERR PEMBROKE PINES FL 33025		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. SIGNATURE <u>[Signature]</u> DATE <u>4/22/01</u> Signature, typed or printed name of registered agent and (if not applicable) (NOTE: Registered Agent's signature required when transferring)			
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 Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ANTHONY BIGGS 2674 SW 181 TERRACE MIRAMAR FLORIDA 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANTHONY BIGGS 2674 SW 181 TERRACE MIRAMAR FLORIDA 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(f), 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 is 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: <u>[Signature]</u>		DATE: <u>4/22/01</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day and Month	

CR2E034 (10/00)