2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P01000005657 DOCUMENT # 1. Entity Name 05-01-2003 90359 023 ***150.00 ACS SERVICES OF FLORIDA, INC. Principal Place of Business Mailing Address 602 CORAL GLEN LOOP 602 CORAL GLEN LOOP #102 #102 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business Mailing Address 44 GRAND Reger 1844 G<u>rand</u> Suite, Apt. #, etc Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES #100 # 100 City & State 4. FEI Number City & State Applied For 59-3711652 moute MITONIE Not Applicable \$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 MOORE, CARTER Street Address (P.O. Box Number is Not Acceptable) 120 E. CONCORD ST. ORLANDO FL 32801 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE **□** \$thange ☐ Addition BERTOU, DANIEL BELTOU, DAVIE NAME NAME 844 Grand Regency Pointe STREET ADDRESS 602 CORAL GLEN LOOP #102 STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP CITY-ST-ZIP Altanoute Springs. FC 32714. ☐ €hange ☐ Addition TITLE ☐ Delete THILE CORDERO, KARINA NAME NAME 602 CORAL GLEN LOOP #102 STREET ADDRESS STREET ADDRESS 4 GRAUD REGEVEY Pointe #100 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

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