FILED

May 05, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000026361 DOCUMENT



| 1. Entity Nan PRIME CI | | EN SERVICES, INC |) . | | | | 05-05-2003 90286 043 | 130.00 | , | |
|--|---|---|--|--|---|--|---|-------------------------------------|-------------------------------------|--|
| Principal Place of Business 8350 SW 28TH ST DAVIE FL 33328 | | | Mailing Address 8350 SW 28TH ST DAVIE FL 33328 | | | | t labelade in ddist isdik solik dokk ddiki odika i | 1101 0 01100 01166 | Alkši 11A1 (4A) | |
| 2. Principal F | lace of Busin | ess | 3. Mailing Address | | | _ | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | _ | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | | City & State | | | 4. | FEI Number 65-1085733 | | oplied For of Applicable | |
| Zip Country | | Zip | ip Country | | 5. | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| | 6. Name | and Address of Current | Registered Agent | | | 7. | Name and Address of New Registered / | Agent | | |
| | | | | | Name | | | | | |
| POCZATE | k, Michaei | - | | | Ctront Address | (DO E | Box Number is Not Acceptable) | | | |
| 8350 SW | 28TH STRE | ET | | | Street Addres | 55 (F.O. E | sox Number is Not Acceptable) | | 1 | |
| DAVIE FL | | | | | | | | | | |
| Dittie | GOOLO | | | | | | | | | |
| | | | | | City | | FL | Zip Cod | | |
| | named entity tions of regist | | the purpose of changing | its register | ed office or regis | stered ag | gent, or both, in the State of Florida. I am t | familiar with, | and accept | |
| SIGNATURE . | Signature, typed | or printed name of registered agent a | nd title if applicable. (N | OTE: Registere | ed Agent signature requ | pired when re | einstating) DATE | | { | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | 9. Election Campaign Financing Trust Fund Contribution. | | May Be to Fees | |
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| 1,0 | | | DIRECTORS | 11. TITL | | AC | DDITIONS/CHANGES TO OFFICERS AND | | | |
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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 time empowered.

MicHael Floczatek 4-19-03 964 370-8667