2003 FOR PROFIT CORPORATION

FILED Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000036970 DOCUMENT # 04-21-2003 91203 028 ***150.00 1. Entity Name WERNER FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 6400 N ANDREWS AVENUE 6400 N ANDREWS AVENUE SUITE 440 SUITE 440 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 1620 620 Sweez Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Appliec For 65-1098684 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3019 U514 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RONALD K. WERNER WERNER, RONALD K 1620 SweetBay Way Holly WOOD, Fl. 33019 Street Address (P.O. Box Number is Not Acceptable) 6400 N-ANDREWS-AVENUE FORT LAUDERDALE EL 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. (NOTE: Registered Agent signature required when reinstating) DATE 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. ☐ Change ☐ Addition TITLE ☐ Delete TITLE WERNER, RONALD K NAME NAME STREET ADDRESS 1620 SWEETBAY WAY STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

- Delete . -- -

□ Delete

☐ Delete

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

ac) IGNATURE AND TYPED OR PRINTED NAME OF

changed, or on an attachment with an address, with all other like empowered

Change

Change

Change

☐ Change

☐'Addition

Addition

☐ Addition

☐ Addition

CR2E034 (10/02)