2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057394

1. Entity Name

STRATEGIC ADJUSTMENT SERVICES, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90151 019 ***150.00

					No.	105		
Principal Plac 407 LINCOLN SUITE 2-C MIAMI BEACH	ROAD	S	Mailing Address 407 LINCOLN ROAD SUITE 2-C MIAMI BEACH FL 33139			; ; -		
2. Principal Place of Business			3. Mailing Address			i	-	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	☐ CHECK HERE IF MAKING CHANGES	
City & State			City & State				4. FEI Number 65-1113373 Applied For Not Applicable	
Zip C		Country	Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent			i	7. Name and Address of New Registered Agent	
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YOUNGSTRUM, PATRICIA 407 LINCOLN ROAD					Street Ac	ddress (I	P.O. Box Number is Not Acceptable)	
SUITE 2-C						1		
MIAMI BEACH FL 33139					City	1	FL 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								
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						:	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	-	OFFICERS AND	DIRECTORS	11.		- :	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	MR		☐ Delete	TITLE	E	!	☐ Change ☐ Addition	
NAME	COFFMAN	I, WILLIAM S P/D		NAM	E	1		
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CITY-ST-ZIP	MIAMI BE	ACH FL 33139		CITY	-ST-ZIP			
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NAME		RUM, PATRICIA A V/T/	S/D	NAM	_	1		
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

to sim much

Daytime Phone #

CH2E034 (10/02)