FILED

04-28-2003 91448 043 ***150.00

Apr 28, 2003 8:00 am Secretary of State

JULLIJIUD .

☐ CHECK HERE IF MAKING CH	ANGES
FEI Number 65-1139468	Applied For
03*1139408	Not Applicable
	75 Additional Required
Name and Address of New Registered Agen	t

DATE

PILSY, PATTI 6574 N SR 7 #203 **COCONUT CREEK FL 33073**

DOCUMENT #

NRP SERVICES, INC.

Principal Place of Business

COCONUT CREEK FL 33073

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

6574 N SR 7 #203

1. Entity Name

Name		
Street Address (P.O. Box Number is Not Accepta	ble)	
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.

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Gurrent Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

P01000092373

Mailing Address

6574 N SR 7 #203

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

COCONUT CREEK FL 33073

(NOTE: Registered Agent signature required when reinstating)

4.

5.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change PILSY, PATTI L NAME NAME STREET ADDRESS 3841 W HILLSBORO BLVD, APT A101 STREET ADDRESS COCONUT CREEK FL 33023 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE PILSY, CHUCK NAME NAME 3841 W HILLSBORO BLVD, APT A101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33023 -CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: