

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90121 046 ***150.00

DOCUMENT # P010000099293
1. Entity Name
OLD FLORIDA SERVICES, INC.

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business <u>1025 SE 10 ST</u> Suite, Apt. #, etc. | 3. Mailing Address <u>1025 SE 10 ST</u> Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---|--|
| City & State <u>DEERFIELD BEACH, FL</u> | City & State <u>DEERFIELD BEACH, FL</u> | 4. FEI Number <u>65-1155341</u> | Applied For <input type="checkbox"/> Not Applicable |
| Zip <u>33441</u> | Country <u>USA</u> | Zip <u>33441</u> | Country <u>USA</u> |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|---|
| Name <u>WILLIAM HAND</u> |
| Street Address (P.O. Box Number is Not Acceptable) <u>140 SE 7th ST #7</u> |
| City <u>DEERFIELD BEACH</u> <u>FL</u> Zip Code <u>33441</u> |

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|--|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|--|

| 11. OFFICERS AND DIRECTORS | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>PRESIDENT</u> <u>DAVID HAND</u> <u>905 SE 15 ST</u> <u>DEERFIELD BEACH, FL 33441</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>VICE PRESIDENT</u> <u>PAUL LASLETT</u> <u>1025 SE 10 ST</u> <u>DEERFIELD BEACH, FL 33441</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. HAND DAVID W. HAND 4/12/02 954-418-5812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)