FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90303 010 ***150.00

DOCUMENT # P02000040250

1. Entity Name
Corporate Property Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
600 Fairway Drive	600 Fairway Drive
Suite, Apt. #, etc.: Suite 104	Suite, Apt. #, etc.: Suite 104
City & State: Deerfield Beach, FL	City & State: Deerfield Beach, FL
Zip: 33441 Country: USA	Zip: 33441 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1254888 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Craig P. McDonald
Street Address (P.O. Box Number is Not Acceptable): 600 Fairway Drive, Suite 104
City: Deerfield Beach FL Zip Code: 33441

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Craig P. McDonald	NAME	
STREET ADDRESS	600 Fairway Drive, Suite 104	STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach, FL 33441	CITY-ST-ZIP	
TITLE	VST	TITLE	
NAME	Dawn McDonald	NAME	
STREET ADDRESS	600 Fairway Drive, Suite 104	STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach, FL 33441	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dawn McDonald Dawn McDonald 4/21/03 954-426-5144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #