2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000042666

1. Entity Name

POTTER SERVICES, INC.

FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90112 038 ***150.00

Principal Place of Business 1897 PALM BEACH LAKES BLVD. SUITE 222 WEST PALM BEACH FL 33409			Mailing Address 1897 PALM BEACH LAKES BLVD. SUITE 222 WEST PALM BEACH FL 33409					
2. Principal Place of Business			3. Mailing Address			i kentinga titi antia dinah meliti antil ngiki al	ISIN ahana inan a a sina	Bille Bill Hel
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAK	ING CHANGES	3
City & State			City & State		4.	FEI Number 61-1411621	Applied For Not Applicable	
Zip		Country	Zip	Country		Certificate of Status Desired	\$8.75 Ad	Iditional
	6. Name	and Address of Current F	Registered Agent	_'	7.	Name and Address of New Register	ed Agent	
		14		Name				
POTTER, J		akes blvd.		Street Address (P.C		Box Number is Not Acceptable)		
SUITE 222	2	* 2						
WEST PAL	M BEACH	FL 33409		City		i	Zip Coo	de .
	tions of regist		the purpose of changing	its registered office of	registered ac	gent, or both, in the State of Florida.	am familiar with	and accept
0,010 110112	Signature, typed	or printed name of registered agent ar	nd title if applicable. (N	OTE: Registered Agent signat	ure required when	reinstating) DA	TE	
After	r May 1, 200	PEE IS \$150.00 Fee will be \$550.00 Florida Department of				Election Campaign Financing Trust Fund Contribution.	L] Adde	00 May Be d to Fees
10.		OFFICERS AND I	DIRECTORS	11.		DDITIONS/CHANGES TO OFFICERS		$\overline{}$
NAME		OHN M M BEACH LAKES BLVD. M BEACH FL 33409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D' b		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME		, _ , _ , _ ,	☐ Delete	TITLE NAME			☐ Change	Addition

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 29 03

(561)45 3801

Daytin/le Phone #