2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000058231 DOCUMENT

1. Entity Name

INVESTOR GOVERNANCE SERVICES, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90096 007 ***150.00

Sure April Applied	·	e of Business US HWY ONE STE 503 13477	Mailing Address 1001 NORTH US HWY ONE JUPITER FL 33477	E STE 503		יסלי 	031		
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Suite 1450 Suik 1450 City & State West Pollm Beach FL Zip 3240 Country Zip 3240 Country St. Certificate of Status Desired S8.75 Additional Fore Required of Status Desired S8.75 Additional Fore Required States Street Address of New Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLACIER DRIVE STE 500 EAST WEST PALM BEACH FL 33401 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing lits registered agent, or both, in the State of Fiorida. I am familiar with, and as the obligations of registered agent, or gistered agent, or both, in the State of Fiorida. I am familiar with, and as the obligations of registered agent and the 1 applicable NOTE Registered Agent signature required when revesting) FILE NOW!!! FEE IS \$150.00 Make Check Payable to Fiorida Department of State Deale TILE MANE SIGNATURE Soft C New quist Soft Reader Soft Re				glerior		□ OUTON HEDE IS A	****	DUANOEC	
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE STE 500 EAST WEST PALM BEACH FL 33401 City 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 femiliar with, and as the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITTLE INDE SCOTT C New quist MAKE STREET ADDRESS CITY-ST-ZIP West Pallm Beach FL 33401 TILE NAME Ailean M Newquist STREET ADDRESS CITY-ST-ZIP West Pallm Beach FL 33401 TILE NAME STREET ADDRESS CITY-ST-ZIP West Pallm Beach FL 33401 TILE NAME STREET ADDRESS CITY-ST-ZIP West Pallm Beach FL 33401 TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP TILE NAME	Zip	Country	Zip		5. 0	Certificate of Status Desired			
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CITY-ST-ZIP CITY-ST-ZIP 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.		· ·							

of the corporation or the receiver of 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: