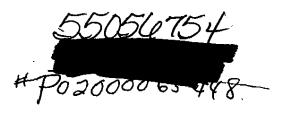
2003 FOR PROFIT CORPORATION 9/:

Sep 18, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR) 09-08-2003 90126 046 ***150.00 P02000065448 DOCUMENT # 1. Entity Name FLORIDA CIRCUIT SERVICES, INC. 55056754 Principal Place of Business Mailing Address 5360 MCINTOSH POINT 5360 MICINTOSH POINT UNIT # 108 UNIT # 108 SANFORD FL 32773 SANFORD FL 32773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 45-0479906 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANDER, ERNEST W Street Address (P.O. Box Number is Not Acceptable) 4239 SHADES CREST LANE SANFORD FL 32773 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT TITLE (4/03) ☐ Delete TITLE ☐ Addition ERNEST MANDER 4239 SHADES CREST LANCE NAME NAME STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIP CITY-ST-ZIP 32777 SANFOND FL TITLE Delete TITLE ☐ Change ☐ Addition 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-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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)(f). Fiorida 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 on powered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. With all gripp like ampowered.

SIGNATURE:



FLORIDA CIRCUIT SERVICES, INC.

5360 McIntosh Point **Unit 108** Sanford, Florida 32773

Telephone 321-948-2440 321-948-2444 Fax 407-321-8323 e-mail Floridacktsvcs@aol.com

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sirs,

Florida Circuit Services is a small corporation with 1 full-time employee. The company was incorporated in June 2002.

I did not receive a form to fill out for 2003 until August 2003.

I am enclosing a check for \$ 150.00 for the year 2003. I hope this will be satisfactory.

Yours very truly

Ernest W. Mander

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