

FILED
Apr 28, 2003 8:00 am
Secretary of State

02-03-2003 90114 045 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000069782			
1. Entity Name FATHER & SON SERVICE CENTER, INC.			
Principal Place of Business 7049 LAKE WORTH RD LAKE WORTH FL 33467		Mailing Address 7049 LAKE WORTH RD LAKE WORTH FL 33467	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04-368,5534 37-122-7118		☐ CHECK HERE IF MAKING CHANGES Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPEIGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name: JOSEPH CALDOVINO Street Address (P.O. Box Number is Not Acceptable): 7049 LAKE WORTH RD City: LAKE WORTH FL Zip Code: 33467	
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: <i>Joseph Caldovino</i> DATE: 4/23/03 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: CALDOVINO, JOSEPH STREET ADDRESS: 7049 LAKE WORTH RD CITY-ST-ZIP: LAKE WORTH FL 33467	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: VD NAME: CALDOVINO, GARTANO STREET ADDRESS: 7049 LAKE WORTH RD CITY-ST-ZIP: LAKE WORTH FL 33467	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: STD NAME: CALDOVINO, ROSEMARIE STREET ADDRESS: 7049 LAKE WORTH RD CITY-ST-ZIP: LAKE WORTH FL 33467	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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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.			
SIGNATURE: <i>Joseph Caldovino</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/31/03 Daytime Phone #	