

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90130 029 \*\*\*150.00

**DOCUMENT #** P02000080597

**1. Entity Name**

Class Action Support Service, Inc.



**DO NOT WRITE IN THIS SPACE**

20005360

**2. Principal Place of Business**

4240 S.W. 11th Street

Suite, Apt. #, etc.

**3. Mailing Address**

4240 S.W. 11th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Deerfield Beach, FL

**City & State**

Deerfield Beach, FL

**4. FEI Number**

38-3625770

**Applied For**

**Not Applicable**

**Zip**

33442

**Country**

U.S.A.

**Zip**

33442

**Country**

U.S.A.

**5. Certificate of Status Desired**

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**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Scott Taylor

**Street Address (P.O. Box Number is Not Acceptable)**

4240 S.W. 11th Street

**City**

Deerfield Beach

**FL**

**Zip Code**

33442

**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**

Scott Taylor

Scott Taylor President

1/5/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

President  
Scott Taylor  
4240 S.W. 11th Street  
Deerfield Beach, FL 33442

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Vice President  
Rebecca Alexy  
403 S.W. 45th Way  
Deerfield Beach, FL 33442

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

**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:**

Scott Taylor

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/03

Date

Daytime Phone #

1-800-330-0166

CR2E034B (12/02)