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Jun 12, 2003 8:00 am
Secretary of State
05-05-2003 91803 045 ***158.75

5.

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086792

1. Entity Name
COMMUNITY SERVICE CORP.

(L)

55047938

Principal Place of Business	Mailing Address
699 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33334	699 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33334

[redacted]

2. Principal Place of Business		3. Mailing Address	
		2150 NW 9 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Fort LAUDERDALE	
Zip	Country	Zip: 33311	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 113648797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMONOYSKI, LYSA 699 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33334	Name: LYSA ROMONOYSKI Street Address (P.O. Box Number is Not Acceptable): 2150 N.W. 9th AVE City: FT. LAUDERDALE FL Zip Code: 33311

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] DATE 6.3.3
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[illegible]

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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LYSA ROMONDYSKI 2150 N.W. 9th AVE FT. LAUDERDALE FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 4.30.3 954 467 1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #