Jun 11, 2003 8:00 am

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

## Secretary of State P02000098445 **DOCUMENT #** 06-11-2003 90061 027 \*\*\*158.75 1. Entity Name INVENTORY REDUCTION SERVICES, INC. Mailing Address Principal Place of Business 738 DAVIDSON ST SE 738 DAVIDSON ST SE PALM BAY FL 32909 PALM BAY FL 32909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 431975487 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNOTT, JEFFREY F Street Address (P.O. Box Number is Not Acceptable) 738 DAVIDSON ST SE PALM BAY FL 32909 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 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. TITLE Change ☐ Addition ☐ Delete NAME KNOTT, JEFFREY F NAME STREET ADDRESS 738 DAVIDSON ST SE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 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-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 emp

SIGNATURE:

06/06/03 321-733-8903

Affachment SN125728

June 6th

2003

To whom it may concern,

We have been having a problem recieving our mail in a timely fashion. Enclosed is the payment and completed paperwork for Inventory Reduction Services, Inc. Please pardon me for its late filing. Next year I will be more aware of its filing date and I will get the appropriate forms early enough to file them on time.

Jeffrey F Knott