2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2003 8:00 am Secretary of State

DOCUMENT # P0200 1. Entity Name EXQUISITE AUTOS INTERNET SERV			04-09-2003 9016	50 023 ***1	50.00		
Principal Place of Business 1518 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33496 US Mailing Address 1518 SOUTH DIXIE HIGHW WEST PALM BEACH FL 33496 US							
Principal Place of Business 3. Mailing Address				DŽIJS HAH BOUL DANI BOIDLIN	114	ALBAL BHAL LOOK	
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKI	NG CHANGES		
City & State City & State			4. FELNumber	63733	<u> </u>	oplied For ot Applicable	
Zip Country	Zip	Country	5. Certificate of S		\$8.75 Add	ditional	
6. Name and Address of Current	Name <	Name S Q A LC S Registered Agent					
CLENDINING, M. KATHLEEN	Street Addre	ess (P.O. Box Number is I	Not Acceptable)	<u> </u>		-	
9070 KIMBERLY BLVD. SUITE 57	1518	5. Dixia	Hwy.				
BOCA RATON FL 33434		City (X)	Palm Boh	F	L Zig Cgd	اما	
The above named entity submits this statement to the obligations of registered agent.	the purpose of changing its re						ĺ
SIGNATURE Signature, typed or printed name of registered agent	MoOT	Prestdent Registered Apent eignature re	quied when reinstaling)	5/20 DATE	103		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of	State		l l	Campaign Financing and Contribution.		O May Be to Fees	
10. Presiden FOFFICERS AND		11,	ADDITIONS/CHA	NGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE Seleta Barson STRET ADDRESS 1518 3. DIXIE CITY-ST-ZIP W Palm Blach,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	CR2E034 (10/02)
TITILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	CR2E
TITLE NAME STREET ADDRESS	☐ Deleta	TITLE NAME STREET AODRESS	~~~		☐ Change	Addition	•••
CITY-ST-ZIP		Crty-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		**	Change	Addition	
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment with an address, we SIGNATURE:	true and accurate and that my	signature shall have to required by Chapter	ne same legal effect as it	made under oath; that I	am an officer of	or director I	

Dasson