

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90948 049 ***150.00

DOCUMENT # P02000129374

1. Entity Name

S3 SERVICES OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5343 N.W. 55TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address
5343 N.W. 55TH TERRACE

Suite, Apt. #, etc.

City & State
COCONUT CREEK, FLORIDA

Zip
33073

Country
U.S.A.

City & State
COCONUT CREEK, FLORIDA

Zip
33073

Country
U.S.A.

4. FEI Number
75-3089388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name - JEROLD SALVAGE

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

5343 N.W. 55TH TERRACE

City COCONUT CREEK, FL Zip Code 33073

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

(NOTE: Registered Agent signature required when reinstating)

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	P/T/D - JEROLD SALVAGE 5343 N.W. 55th TERRACE COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S - ALAN DURAND HUTCHISON 5200 N.W. 31ST AVENUE, SUITE A16 FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerald Salvage Jerald Salvage

3-20-03

(954) 815-0875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #