

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

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90171 050 \*\*\*550.00

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DOCUMENT # **P33216**

1. Entity Name  
**TEST SERVICES, INC.**



Principal Place of Business  
**1500 SAN REMO AVE  
SUITE 185  
CORAL GABLES FL 33146**

Mailing Address  
**1500 SAN REMO AVE  
SUITE 185  
CORAL GABLES FL 33146**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-1079927**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**LEE, CHARLES  
896 S. DIXIE HWY  
CORAL GABLES FL 33146**

Name  
*Adam Hunter*  
Street Address (P.O. Box Number is Not Acceptable)  
*400 N. New York Ave #214*  
City  
*Winter Park* **FL** Zip Code  
*32789*

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 *Adam Hunter, 400 N New York Ave #214 Winter Park FL 32789*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE *8/18/03*

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, JULIE</b>	
STREET ADDRESS	<b>7350 N BROADWAY</b>	
CITY-ST-ZIP	<b>DENVER CO 80221</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, JAMES</b>	
STREET ADDRESS	<b>7350 N. BROADWAY</b>	
CITY-ST-ZIP	<b>DENVER CO</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SZLEPCSIK, STEPHEN</b>	
STREET ADDRESS	<b>7350 N BROADWAY</b>	
CITY-ST-ZIP	<b>DENVER CO</b>	
TITLE	<i>NORAH BLOME</i>	<input type="checkbox"/> Delete
NAME	<i>Noem Blome</i>	
STREET ADDRESS	<i>2000 S. Colorado Blvd #990</i>	
CITY-ST-ZIP	<i>Denver, Co</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Noem Blome</i>	
STREET ADDRESS	<i>2000 S. Colorado Blvd #990</i>	
CITY-ST-ZIP	<i>Denver, Co</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)