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CR2E034 (4/03)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT AUBR

Sep 12, 2003 8:00 am Secretary of State P93000044443 DOCUMENT # 09-12-2003 90104 037 ***150.00 1. Entity Name BOCA DELRAY SERVICE CENTER, INC. Principal Place of Business Mailing Address 4970 W. ATLANTIC AVE. 4970 W. ATLANTIC AVE. DELRAY BCH., FL 33455 DELRAY BCH., FL 33455 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 65-0435635 Not Applicable Zip Country Country ____ . Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEWELL, MARTHA R 2964 NW 41 STREET **BOCA RATON FL 33434** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition JEWELL, MARTHA NAME NAME 976/ VIA TUSCANY DR. BOYNTON BEACH, FL. 334 2417 NW 49 LANE STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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-7IP 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

BOCA DELRAY SERVICE CENTER, INC. 65-0435635 AMENT 90156364

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