2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000041961** May 15, 2000 8:00 am Secretary of State GUEST SERVICES INTERNATIONAL, INC. 05-15-2000 90249 026 ***150.00 Mailing Address Principal Place of Business 306 E GREENTREE LANE 2810 EDGEWATER DR ORLANDO FL 32804 LAKE MARY FL 32746-4007 2. Principal Place of Business 3. Mailing Address 2822 EDGEWATER DR 2822 EDGEWATER DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3254715 FL01213>A FLORENDA ORLANTOO Not Applicable ORLANDO Zip 32804 Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA US A 32804 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ATTORNEY AT KANE STEVEN KANE, STEVEN H Street Address (P.O. Box Number is Not Acceptable) 557 NORTH WYMORE ROAD ATTORNEY AT LAW 1061 MAINTLAND CENTER COMMONS, STE 106 MAITLAND FL 32751 Zip Code **327**5 MAITLAND 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Qq PD TITLE Addition TITLE Delete BOUD LARRY BOYD, LARRY G NAME NAME 2822 EDGEWATER BRIVE STREET ADDRESS 306 E GREENTREE LANE STREET ADDRESS OR LANDO, FL 32804. CITY-ST-ZIE CITY-ST-ZIP LAKE MARY FL 32746 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR