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FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 18, 2002 8:00 am Secretary of State P94000064186 DOCUMENT # 1. Entity Name 08-18-2002 90127 043 ***550 00 A/K/A SERVICES, INC. Principal Place of Business Mailing Address 974760 13676 HAMLIN BLVD 13676 HAMLIN BLVD? WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0501149- 2149 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ü Maria Basile BASILE, MARIO Street Address (P.O. Box Number is Not Acceptable) 13676-HAMLIN BLVD 13632 Hambo Blad W PALM BEACH FL 33412 Zip Code 33412 City Palm Beach 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS President, Secretary, Treasurer TITLE Delete TITLE Change BASILE, MARIO NAME NAMÉ Josephine Basile 13676 HAMLIN BLVD STREET ADDRESS STREET ADDRESS 13676 Hamin Bird. W PALM BEACH FL CITY-ST-7IP CITY-ST-7(P West Palm Beach FL 33412 PS Delete TITLE TITLE Change ☐ Addition BASILE, JOSEPHINE NAME NAME 13676 HAMLIN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP w Palm Beach Fl 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.

TITLE

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Josephine Brisile 8/12/02

Change

☐ Addition