

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062403

1. Entity Name

AMERICAN REGULATORY SERVICES CORP.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90021 026 ***150.00

Principal Place of Business

6635 W. COMMERCIAL BLVD
STE 220
TAMARAC FL 33319
US

Mailing Address

6635 W. COMMERCIAL BLVD
STE 220
TAMARAC FL 33319-2141
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

214

Suite, Apt. #, etc.

214

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0604159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSLEN, MICHEAL
6635 W. COMMERCIAL BLVD
STE 220
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name KOSLEN, MICHAEL

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

STE 214

City

FL

Zip Code

33319

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/4/00
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KOSLEN, MARLENE	
STREET ADDRESS	6635 W. COMMERCIAL BLVD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	KOSLEN, MICHEAL	
STREET ADDRESS	6635 W. COMMERCIAL BLVD	
CITY-ST-ZIP	TAMARAC FL 33321	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	KOSLEN, MICHAEL	<input checked="" 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 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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KOSLEN, PRES

Date

Daytime Phone #

4/4/00 (954) 718-0056

CR2E034 (9/99)