

DOCUMENT # P96000024917

1. Entity Name

RELOCATION SUPPORT SERVICES, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90008 008 ***150.00

Principal Place of Business

1200 SOUTH PINE ISLAND ROAD
SUITE 220
PLANTATION FL 33324

Mailing Address

1200 SOUTH PINE ISLAND ROAD
SUITE 220
PLANTATION FL 33324-4402
US

2. Principal Place of Business

4016 HENDERSON BLVD.

Suite, Apt. #, etc.

3. Mailing Address

11870 WEST STATE RD 84

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FLORIDA

City & State

DAVIE, FLORIDA

4. FEI Number 65-0663957

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33325

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FURMAN, HOWARD M
1200 SOUTH PINE ISLAND ROAD
SUITE 220
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
HOWARD MARK FURMAN
Street Address (P.O. Box Number is Not Acceptable)
11870 WEST STATE RD 84
SUITE C-12
City
DAVIE FL Zip Code
33325

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

HOWARD MARK FURMAN - PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

1/4/2001

DATE

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

FILE NOW!!! FEES \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
FURMAN, HOWARD M
1200 SOUTH PINE ISLAND RD. SUITE 220
PLANTATION FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.S.D.
HOWARD MARK FURMAN
11870 WEST STATE RD 84, SUITE C-12
DAVIE, FLORIDA 33325 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

HOWARD MARK FURMAN, PRES. D.O.

Date

1/4/01 (959) 424-6000

Daytime Phone #

CR2E034 (10/00)