

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90098 025 ***150.00

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DOCUMENT # P96000024917

1. Entity Name
RELOCATION SUPPORT SERVICES, INC.



Principal Place of Business
4016 HENDERSON BLVD
TAMPA FL 33629
US

Mailing Address
11870 WEST STATE RD 84
C12
DAVIE FL 33325
US

2. Principal Place of Business

3. Mailing Address

12595 NW 67th DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PARKLAND - FL

Zip

Country

Zip

Country

33076

USA

4. FEI Number

65-0663957

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FURMAN, HOWARD M
11870 WEST STATE RD 84
STE C-12
DAVIE FL 33325

Name

HOWARD MARK FURMAN

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

12595 NW 67th DRIVE

City

PARKLAND

FL

Zip Code

33076

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
FURMAN, HOWARD M
11870 WEST STATE RD, STE C-12
DAVIE FL 33325

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HOWARD MARK FURMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 (954) 424-6000 # 203
Date Daytime Phone #

CR2E034 (10/02)