

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044669

1. Entity Name

FLORIDAN SERVICES, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90035 026 ***158.75

Principal Place of Business 706 NW 177TH AVENUE PEMBROKE PINES FL 33029	Mailing Address 706 NW 177TH AVENUE PEMBROKE PINES FL 33029-3152
---	--

2. Principal Place of Business 17601 SW 18th ST. Suite, Apt. #, etc.	3. Mailing Address 17601 SW 18th ST. Suite, Apt. #, etc.
--	--

City & State MIRAMAR, FL	City & State MIRAMAR, FL
Zip 33029	Zip 33029
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0668755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTOR, DANIEL F 706 NW 177TH AVENUE PEMBROKE PINES FL 33029	
7. Name and Address of New Registered Agent Name CLOUTHIER, LARRY Street Address (P.O. Box Number is Not Acceptable) 17601 SW 18th ST. MIRAMAR, FL City FL Zip Code 33029	

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 Larry Clouthier DATE 2/14/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOR, DANIEL F 706 NW 177TH AVENUE PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SANTOR, KAREN R 706 NW 177TH AVENUE PEMBROKE PINES FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTOR, KAREN R 706 NW 177TH AVENUE PEMBROKE PINES FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CLOUTHIER, ANTOINETTE 17601 SW 18th ST MIRAMAR, FL 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CLOUTHIER, LAWRENCE 17601 SW 18th STREET MIRAMAR FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Larry Clouthier DATE 2/14/00 DAYTIME PHONE # 441-8147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)