

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90668 047 \*\*\*150.00

**DOCUMENT # P96000044669**

1. Entity Name  
**FLORIDAN SERVICES, INC.**



Principal Place of Business  
**17601 SW 18TH ST  
MIRAMAR FL 33029**

Mailing Address  
**17601 SW 18TH ST  
MIRAMAR FL 33029**

**70007354**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0668755**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CLOUTHIER LARRY  
17601 SW 18TH ST  
MIRAMAR FL 33029**

Name

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

City

**FL**

Zip Code

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 ☐ Delete  
NAME **VP**  
STREET ADDRESS **SANTOR, DANIEL F**  
CITY-ST-ZIP **706 NW 177TH AVENUE  
PEMBROKE PINES FL 33029**

TITLE ☒ Change ☐ Addition  
NAME **PRESIDENT (P)**  
STREET ADDRESS **DAN SANTOR**  
CITY-ST-ZIP **706 NW 177TH AVE  
PEMBROKE PINES, FL 33029**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **CLOUTHIER, ANTOINETTE**  
CITY-ST-ZIP **17601 SW 18TH ST  
MIRAMAR FL 33029**

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY (S)**  
STREET ADDRESS **KAREN SANTOR**  
CITY-ST-ZIP **706 NW 177TH AVE  
PEMBROKE PINES, FL 33029**

TITLE ☐ Delete  
NAME **CEO**  
STREET ADDRESS **CLOUTHIER, LAWRENCE**  
CITY-ST-ZIP **17601 SW 18TH STREET  
MIRAMAR FL 33029**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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

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:**

*Larry Clouthier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-7-03**

**954-441-6147**

Date

Daytime Phone #

CR2E034 (10/02)