2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am DOCUMENT # P96000054120 Secretary of State 1. Entity Name CONSUMER SATISFACTION, INC. 02-01-2001 90073 044 ***150.00 Principal Place of Business Mailing Address 1130 S POWERLINE RD 1130 S POWERLINE RD DEERFIELD BCH FL 33442 DEERFIELD BCH FL 33442 US US 2. Principal Place of Business 3. Mailing Address 3860 N. POUERLINE ROAD 3960 N. Poherline Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 300 *900* City & State City & State Applied For 4. FEI Number 65-0684137 POMPANO BEACH POMPANO BEACH Not Applicable Country ーローコー円: Zip Country \$8.75 Additional 5. Certificate of Status Desired _____ HPU 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVY MARK LEVY, MARK Street Address (P.O. Box Number is Not Acceptable) 3860 N. POHERLINE RORO 1130 S POWERLINE RD STE 103 **DEERFIELD BEACH FL 33442** Zip Code <u>33673</u> 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete LEYY MARK LEVY, MARK 3860 H. POWERLINE ROAD, SUITE 300 STREET ADDRESS STREET ADDRESS 1130 S POWERLINE RD #103 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL DEERFIELD BEACH FL 33442 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 719 CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ollaula

954 917 - 1999

☐ Change

☐ Addition

Daytime Phone #