2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000034951

DOCUMENT # 1. Entity Name

COMPATIBLE SERVICES, INC.



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90341 004 ***150.00

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Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Grisch Here is Making Changes Zip Country Zip Country B. Certificate of Status Desired Sa.75 Auditional Fee Pequation KOZC, JOSEPH Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOZC, JOSEPH Name Name Name Name Name Name Name KOZC, JOSEPH Sevent Address of New Registered Agent 7. Name and Address of New Registered Agent KOZC, JOSEPH Name	1824 SANDRA BLVD. SEBRING FL 33870			1824 Sebr	1824 Šandra Blyd Sebring Fl 33870					;			
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Zip	Suite, Apt.	#, etc.		Suit	Suite, Apt, #, etc.				CHECK HERE IF MAKING CHANGES				
E. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent F. Name and Address of New Registered Agent F. Name and Address of New Registered Agent F. Name Name Street Address (P.O. Box Number is Not Acceptable) F. L. Zip Code F.	City & State	e		City	City & State				4. FEI Number 59-3441752				
No.	Zip Country			Zip	Zip Coun			5.	5 Certificate of Status Desired \$8.75 Additional			ditional	
No.		6. Name	and Address of Curre	nt Registere	Registered Agent			7.	<u> </u>				
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E. 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 Image: Image:	1824 SAN	DRA BLVD			Street Addres			SS (P.O. E	(P.O. Box Number is Not Acceptable)				
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS				for the purp	ose of changing its	registere	ed office or regis	stered ag	gent, or both, in the State of Flor	rida. I am fai	miliar with,	and accept	
After May 1, 2003 Fee will be \$550.00 Mays Be Added to February Branching Stude to Florida Department of State 10.	SIGNATURE .	Signature, typed	or printed name of registered age	ent and title if app	dicable. (NOTI	E: Registere	d Agent signature requ	uired when r	einstating)	DATE			
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		ertify that the	e information supplied w	ith this filing	does not qualify for			Section	119.07(3)(i), Florida Statutes I	further certif	v that the i	nformation	1

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.