FILED
Jul 02, 2002 8:00 am
Secretary of State
04-02-2002 90054 015 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057018

1. Entity Name
NATIONAL FINANCIAL SERVICES, INC.

Principal Place of Business
~~5557 W OAKLAND PARK BLVD #330~~
~~FORT LAUDERDALE FL 33313~~
~~US~~

Mailing Address
~~5557 W OAKLAND PARK BLVD #330~~
~~FORT LAUDERDALE FL 33313~~
~~US~~

...OAKLAND PARK BLVD.
SUITE 201
FT LAUDERDALE, FL 33313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
NATIONAL FINANCIAL SERVICES, INC.
5546 W OAKLAND PARK BLVD.
SUITE 201
FT LAUDERDALE, FL 33313
Zip | Country

3. Mailing Address
NATIONAL FINANCIAL SERVICES, INC.
5546 W OAKLAND PARK BLVD.
SUITE 201
FT LAUDERDALE, FL 33313
Zip

4. FEI Number 65-0764478 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KING, LAURENCE
~~5557 W OAKLAND PARK BLVD #330~~
~~FORT LAUDERDALE FL 33313~~
NATIONAL FINANCIAL SERVICES, INC.
5546 W OAKLAND PARK BLVD.
SUITE 201
FT LAUDERDALE, FL 33313

7. Name and Address of New Registered Agent
Name DIANE HAWKINS
Street Address (P.O. Box Number is Not Acceptable)
NATIONAL FINANCIAL SERVICES, INC.
5546 W OAKLAND PARK BLVD.
City SUITE 201 FL Zip Code
FT LAUDERDALE, FL 33313

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 ______ DATE
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	VP ☐ Change ☑ Addition
NAME	KING, LAURENCE	NAME	DIANE HAWKINS
STREET ADDRESS	3811 N.W. 119TH AVE.	STREET ADDRESS	11560 NW 29th St
CITY-ST-ZIP	SUNRISE FL 33323	CITY-ST-ZIP	Sunrise, FL 33323
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~HAWKINS, DIANE~~	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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: Laurence King 3/25/02 (954) 677-9131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Diane Hawkins 6/24/02