

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070148 (6)

1. Corporation Name:

BUSY PRO EXECUTIVE SERVICES, INC.

Principal Place of Business

Mailing Address

2269 SOUTH UNIVERSITY DRIVE
SUITE #246
DAVIE FL 33324

2269 SOUTH UNIVERSITY DRIVE
SUITE #246
DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1997

4. FEI Number

65-0778909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARLOWE, RONALD J ESQ.
MARTENS DUNAJ MARLOWE DAVIS & MARLOWE
201 SOUTH BISCAYNE BLVD., SUITE #880
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SMITH, JASON A
STREET ADDRESS 11991 S.W. 15TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ DELETE

1.1 TITLE ~~SMITH, JASON A. PD~~
1.2 NAME ~~SMITH, JASON A.~~
1.3 STREET ADDRESS ~~230 NW 107 AVE~~
1.4 CITY-ST-ZIP ~~Plantation, FL 33324~~ ☒ Change ☐ Addition

TITLE TD
NAME SMITH, JASON A
STREET ADDRESS 11991 S.W. 15TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ DELETE

2.1 TITLE SMITH, JASON A.
2.2 NAME SMITH, JASON A.
2.3 STREET ADDRESS 230 NW 107 AVE.
2.4 CITY-ST-ZIP Plantation, FL 33324 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JASON A. Smith

4/28/98

954-452-7107

CR2E034 (10/97)