2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P97000071151

Suite, Apt. #, etc.

City & State

Zip

1. Entity Name

RECORDSET, INC.

Suite, Apt. #, etc.

City & State

Zip



Principal Place of Business

11210 SW 1ST STREET

PLANTATION FL 33325

Principal Place of Business

Mailing Address

11210 SW 1ST STREET

FT. LAUDERDALE FL 33355-1686
US

3. Mailing Address

6. Name and Address of Current Registered Agent

FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90119 044 ***150.00



EULE, JAMES R 11210 SW 1ST STREET PLANTATION FL 33325

77 Maine une Hadress of New Registered Agent				
Name		•		
	•			
Street Address (F	P.O. Box Number is Not Acceptable	e)		
•	·	,		
	·-			
	•			
City		FL	Zip Code	
		rL		

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.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Addition NAME EULE, JAMES R NAME STREET ADDRESS 11210 SW 1ST ST STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33325 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~ ☐ Delete TITLE 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 ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1/24/03

954 473 2486

Daytime Phone #

CR2E034 (10/02)