2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000099577** Apr 17, 2000 8:00 am Secretary of State 1. Entity Name F T C SERVICES INC. 04-17-2000 90052 022 ***150.00 Principal Place of Business Mailing Address 3138 LAKEVIEW DRIVE 1855 SW 4TH AVE DELRAY BEACH FL 33445-5727 SUITE B 9 **DELRAY BEACH FL 33444** US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0803564 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BULL. CHRISTOPHER** Street Address (P.O. Box Number is Not Acceptable) 3138 LAKEVIEW DRIVE **DELRAY BEACH FL 33445** Zip Code 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, typed or printed name of registered agent and title if applicab (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME **BULL, CHRISTOPHER L** STREET ADDRESS STREET ADDRESS 3138 LAKEVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** ☐ Change Addition ☐ Delete TITI F TITLE **BULL, SHARON** NAME STREET ADDRESS STREET ADDRESS 3138 LAKEVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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<61-278-7555

Daytime Phone #