2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 20, 2001 8:00 am Secretary of State DOCÚMENT # P97000099577 1. Entity Name

DELAY SEACH FL 33444 2. Principal Placo of Business Sulfo, Apt. 4, etc. Sulfo, Apt. 4, etc. Do NOT Writte In This SPACE City & State Cit	FTCS	ERVICES INC.					-2001 90023	050 ***1		
Sulfo. Apt. #, etc. Sulfo. Apt. #, etc. Sulfo. Apt. #, etc. Sulfo. Apt. #, etc. City & Slate City & State City & Slate Ci	1855 SW 4TH A SUITE B 9	VE	3138 LAKEVIEW DRIVE			<u> </u>	1 (1) 48 1 8 111 88 11			
Sulfo. Apt. #, etc. Sulfo. Apt. #, etc. Sulfo. Apt. #, etc. Sulfo. Apt. #, etc. City & Slate City & State City & Slate Ci	2. Principal P	lace of Business	3. Mailing Address							
City & State City & State City & State City & State Country S. Certificate of Status Desired St. 75. Additions	Suite Ant	# etc	Suite Ant # etc			1 186((281 118 (.9811 1881 1981
Zip Country Zip Country 5. Certificate of Status Desired 58. 75 Additions Fee Togglister Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) BULL, CHRISTOPHER 3138 LAKEVIEW DRIVE DELRAY BEACH FL 3344S City FL Zip Code 8. The above named entity subpalability delagament for the purpose of changing its registered diffice or registered agent, or both, in the State of Floridas. Signarture	·· ·			·						
SB.75 Audistons	City & State	e	City & State	v & State		4. FEI Number 65-0803564 Applied F. Not Applied				
BULL, CHRISTOPHER 3138 LAKEVIEW DRIVE DELRAY BEACH FL 33445 Street Address (P.O. Box Number is Not Acceptable) The above named entity subpolita-like-stallarment for the purpose of changing as registered diffice or registered agent, or both, in the State of Forda. SIGNATURE Signatur	Zip	Country	Zip	Country	5.	Certificate of S	Status Desired		8.75 A	dditional
Street Actiress (P.O. Box Number is Not Acceptable) Street Actiress (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current F	l Registered Agent		7. 1	Name and Ad	dress of New R			
B. The above named entity submits this elablement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Signature Sig	3138	LAKEVIEW DRIVE			dress (P.O. E	Box Number is	Not Acceptable	2)		
8. The above named entity submits—His-elazement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE				City				FL.	Zip Cc	ode
SIGNATURE Signature, typed or printed name of regulared agent and the liappricable. (NOTE Registrated Agent algoritare requires when tenderaling) DATE	8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	egistered ag	ent, or both, in	n the State of Fig			
TITLE PD Delete TITLE V DELRAY BEACH FL 33445 DIPLETORS STREET ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	9. This corpo	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! After MAY 1, 200	!! FRE IS \$150.00	0.00	10. Electio		ancing _		.00 May Be
TITLE NAME NAME SULL, CHRISTOPHER L STREET ADDRESS CITY-ST-ZP DELRAY BEACH FL 33445 TITLE V BULL, SHARON STREET ADDRESS CITY-ST-ZP DELRAY BEACH FL 33445 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	<u> </u>	_ 		<u>-</u>						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	PD BULL, CHRISTOPHER L 3138 LAKEVIEW DRIVE		TITLE NAME STREET ADDRESS		JUITQNS/CH/	ANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CI	TITLE NAME STREET ADDRESS	V BULL, SHARON 3138 LAKEVIEW DRIVE	☐ Delete	TITLE NAME STREET ADDRESS					Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete DELETE DELETE DELETE TRADESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C	NAME		☐ Delete	NAME					☐ Change	e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. 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 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 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 or Statutes.	TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Celete	TITLE NAME STREET ADDRESS	1				☐ Change	Addition
NAME 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 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.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS					Change	Addition
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 direction 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	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				I	Change	Addition
	of the corp	on this report or supplemental report is t poration or the receiver or trustee empoy	rue and accurate and that m vered to execute this report a	v signature shall hav	e the same l	legal effect as	if made under d	ath: that I an	n an office	er or director
SIGNATURE: 1.9.01 561-278-75	SIGNAT	URE:		\supset		1.0	101	561-2	85	7555