## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P97000102298 **DOCUMENT #**

1. Entity Name TITLE EXAM PLUS, INC.



**FILED** Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90077 035 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS												
Suite, Apt. # stc.   Suite, Apt. #, etc.   GriFCK HERE F MAKING CHANCES    City & State   City & State   4. FEI Number 65-0797704   Applicable Not Applicable Not Applicable Not Applicable Not Applicable    Zip   Country   Zip   Country   S. Certificate of Status Desired   S. 8.75 Additional Fee Regular State   S. Certificate of Status Desired   S. 8.75 Additional Fee Regular State   S. Certificate of Status Desired   S. 8.75 Additional Fee Regular State   S. Certificate of Status Desired   S. 8.75 Additional Fee Regular State   S. Certificate of Status Desired   S. S. 75 Additional Fee Regular State   S. Certificate of Status Desired   S. S. 75 Additional Fee Regular State   S. Certificate of Status Desired   S. S. 75 Additional Fee Regular State   S. Certificate of Status Desired   S. S. 75 Additional Fee Regular State   S. Certificate of State   State   S. Certificate of State   State   S. Certificate of State	2800 SW 156	TH AVENUE		5722 S #158 COOPE	FLAMINGO RD		1 2 2 2					
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Zip Country Zip Country S. Certificate of Status Desired   S8.75 Additional Fee Required   S8.	Suite, Apt	t. #, etc.		Suite	Apt. #, etc.	<del></del>	<del></del>		☐ CHECK HERE	IF MAKING	CHANGES	i.
SATTON, CAROL 2800 SW 158TH AVENUE  SATTON, CAROL 2800 SW 158TH AVENUE  DAVIE FL 33331  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familier with, and accept the deligations of registered agent, and both a purchase.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  INT.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INT.  SANTON, CAROL 2800 SW 158TH DRIVE  OFFICERS AND DIRECTORS  INT.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INT.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INT.  INT.  SANTON, CAROL 2800 SW 158TH DRIVE  OFFICERS AND DIRECTORS  INT.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INT.  INT.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INT.  INT.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INT.  OR Addition  WARE SIRET ADDRESS ONY -51-2P  INT.  ADDRESS AND CAROL 3800 SW 158TH DRIVE  OR FILE ADDRESS ONY -51-2P  INT.  ADDRESS AND CAROL 3800 SW 158TH DRIVE  OR FILE ADDRESS ONY -51-2P  INT.  ADDRESS AND CAROL 3800 SW 158TH DRIVE  OR FILE ADDRESS ONY -51-2P  INT.  ADDRESS AND CAROL 3800 SW 158TH DRIVE  OR FILE ADDRESS ONY -51-2P  INT.  ADDRESS AND CAROL 3800 SW 158TH DRIVE  OR FILE ADDRESS ONY -51-2P  INT.  ADDRESS AND CAROL 3800 SW 158TH DRIVE  OR FILE ADDRESS ONY -51-2P  INT.  ADDRESS ADDRESS AND CAROL 3800 SW 158TH ADDRESS ONY -51-2P  INT.  ADDRESS ADDRESS AND CAROL 3800 SW 158TH ADDRESS ONY -51-2P  INT.  ADDRESS ADDRESS AND CAROL 3800 SW 158TH ADDRESS ONY -51-2P  INT.  ADDRESS ADDRESS AND CAROL 3800 SW 158TH ADDRESS ONY -51-2P  INT.  ADDRESS ADDRESS AND CAROL 3800 SW 158TH ADDRESS ONY -51-2P  INT.  ADDRESS ADDRESS AND CAROL 3800 SW 158TH ADDRESS ONY -51-2P  INT.  ADDRESS ADDRESS AND CAROL 3800 SW 158TH ADDRESS ONY -51-2P  INT.  ADDRESS ADDRESS AND CAROL 3800 SW 158TH ADDRESS ONY -51-2P  INT.  ADDRESS ADDRESS AND CAROL 3800 SW 158TH ADDRESS ONY -51-2P  INT.  ADDRESS ADDRESS AND CAROL 3800 SW 158TH ADDRESS ONY -51-	City & State			City 8	City & State			hhtl/9//14				
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SAXTON, CAROL 2800 SW 156TH AVENUE DAVIE FL 33331  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent.  SIGNATURE    Total		6. Name and	Address of Curre	ent Registered	Agent		·	7. Name	and Address of New Ro			<del></del>
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City   FL   Zip Code			_			<b>├</b> -			*****			<del></del>
B. 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.    Signatural   Signatural spead or printed name of registered agent and size if applicable. (NOTE Registered Agent signature required when remaibling)   DATE	DAVICIC	30001										
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    File NOW!!   FEE IS \$150.00     After May 1, 2003 Fee will be \$550.00     After May 1, 2003 Fee will be \$550.00     Added to Fees						Ci	ty			<b>E</b> 1	Zip Cod	le
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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:**