

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90087 027 ***150.00

DOCUMENT # P98000045886

1. Entity Name
SERVICE DYNAMICS USA CORP.

Principal Place of Business
**2421 SE CALIGULA AVE.
 PORT ST. LUCIE FL 34952**

Mailing Address
**2421 SE CALIGULA AVE.
 PORT ST. LUCIE FL 34952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1626 SW Gemini Lane
 Suite, Apt. #, etc.

3. Mailing Address
1626 SW Gemini Lane
 Suite, Apt. #, etc.

City & State
Port St Lucie Florida

City & State
Port St Lucie Florida

4. FEI Number
65-0837473

Applied For
 Not Applicable

Zip
34984

Country

Zip
34984

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

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

City

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NISH, DAVID P 2421 SE CALIGULA AVENUE PORT SAINT LUCIE FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NISH David P. 1626 SW Gemini Lane Port St Lucie Florida 34984 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1,19.07(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: *David P. Nish* **David P. Nish** Date: 4/10/02 Daytime Phone #: 561-708-0247

CR2E034 (9/01)