

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000054472

FILED
Jan 24, 2002 8:00 AM
Secretary of State

Entity Name: HOUSING AND DEVELOPMENT SERVICES, INC.

Current Principal Place of Business:

55 WESTON RD STE 208
STE 208
SUNRISE, FL 33326

New Principal Place of Business:

2685 EXECUTIVE PARK DRIVE
WESTON, FL 33331

Current Mailing Address:

55 WESTON RD STE 208
STE 208
FORT LAUDERDALE, FL 33326

New Mailing Address:

2685 EXECUTIVE PARK DRIVE
WESTON, FL 33331

FEI Number: 65-0852049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILSON, CRISTINA M
2491 EAGLE WATCH LANE
WESTON, FL 333271404

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILSON, CRISTINA M
Address: 55 WESTON RD
City-St-Zip: SUNRISE, FL 33326

Title: VPT () Delete
Name: GILSON, MATTHEW J
Address: 55 WESTON RD STE 208
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILSON, CRISTINA M
Address: 2685 EXECUTIVE PARK DRIVE
City-St-Zip: WESTON, FL 33331

Title: VPT (X) Change () Addition
Name: GILSON, MATTHEW J
Address: 2685 EXECUTIVE PARK DRIVE
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATT GILSON

PRES

01/24/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date