2003 FOR PROFIT CORPORATION

changed, or on an attachment with an ad-

SIGNATURE:

FILED UNIFORM BUSINESS REPORT (UBR Mar 06, 2003 8:00 am Secretary of State P98000080028 DOCUMENT # 1. Entity Name 03-06-2003 90130 043 ***150.00 ELLIS BROTHERS, INC. Principal Place of Business Mailing Address 4560 NE 5TH AVENUE 4560 NE 5TH AVENUE 10032157 BOCA RATON FL 33431-5108 BOCA RATON FL 33431-5108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0865759 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent ELLIS, DAVID Number is Not Acceptable) Alantic Slud. 4560 NE 5TH AVE **BOCA RATON FL 33431-5108** City Zip Code 8. The above named entity submits this statement for registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE Delete TITLE P. PSTD - PRES. Addition ELLIS, DAVID NAME NAME TIMOTHY Ellis STREET ADDRESS 4560 NE 5TH AVE STREET ADDRESS see above CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP ☐ Delete TITLE W.P. VICE PRES. NAME NAME pavid Ellis STREET ADDRESS 4560 NE 5th Ave STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition VAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information subplie indicated on this report or supplementation of the corporation or the receiver or trustee outquality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are also that mysignature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if