2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State P98000101520 DOCUMENT # 1. Entity Name 04-24-2002 90368 009 ***150.00 ACCESS RELOCATION SERVICES, INC. Principal Place of Business Mailing Address 4710 NW BOCA RATON BLVD 4710 NW BOCA RATON BLVD STE 203 STE 203 BOCA RATON FL 33431-4879 **BOCA RATON FL 33431-4879** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0881742 Not Applicable 7in 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 --HUFF, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4710 NW BOCA RATON BLVD **STE 200 BOCA RATON FL 33431** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change : ☐ Addition TITLE Delete TITLE Huff, Richard HUFF, RICHARD NAME 4710 NW Boca Raton Blud. Str. 203 930 S.W. 87TH TERRACE STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33431 ☐ Addition TITLE **PTSV** ☐ Delete TITLE PTSV Change NAME HUFF, RICHARD NAME Huff Richard 4710 NW Boca Raton Blvd. Stc. 203 STREET ADDRESS STREET ADDRESS 930 S.W. 87TH TERRACE CITY_ST_ZIP_ Boca-Raton FL - 33431- --PLANTATION.FL 33324 ---CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 truspee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

FILED