2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P9900000023 1. Entity Name APPSERV, INC. 05-02-2001 90148 007 ***150.00 Principal Place of Business Mailing Address 10158 NW 66TH DR 10158 NW 66TH DR じじひませいせる PARKLAND FL 33076 PARKLAND FL 33076 2. Principal Place of Business 3. Mailing Address 5701 Pine Island Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0891929 t. Lauderdale Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Edward Cherry LOVE, ALBERT G Street Address (P.O. Box Number is Not Acceptable) 10158 NW 66 DR PARKLAND FL 33076 SUITE 240 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. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRESIDENT TITLE Delete TITLE Albert J. Angel 5701 Pine Island Rd. Suise 240 LOVE, ALBERT G NAMÉ NAME STREET ADDRESS STREET ADDRESS 10158 NW 66 DR Ft. Lawlerdale CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33076 TITLE TITLE Edward Cherry 5701 Pine Island Pd. Suite 240 NAME LOVE, BARBARA R NAME STREET ADDRESS STREET ADDRESS 10158 NW 66 DR Ft. Lauderdale FL CITY-ST-7IP CITY-ST-ZIP PARKLAND FL 33076 □ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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