2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # P99000010145 1. Entity Name S.F.L. SERVICES OF BOYNTON BEACH, INC. 04-12-2000 90055 018 ***150.00 Principal Place of Business Mailing Address 660 NW 10TH COURT 660 NW 10TH COURT BOYNTON BEACH FL 33426-2971 **BOYNTON BEACH FL 33435** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 65-0 City & State City & State 501 0 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33426 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUFFY, DANIEL F Street Address (P.O. Box Number is Not Acceptable) 660 NW 10TH COURT **BOYNTON BEACH FL 33435** City If for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this etater (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 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. President (P) Addition TITLE ☐ Delete TITLE DUFFY, DANIEL F NAME NAME STREET ADDRESS 660 NW 10TH COURT STREET ADDRESS 33426 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** - X Change Vice President Addition n X Delete TITLE TITLE Tracy Lynn Duffy Loo NW 10th Court Boy non Beach, FL 33426 WILSON, DANNY LEE NAME NAME 660 NW 10TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** ☐ Addition Change TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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 nent with an address, with all diner like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP