DOCUMENT # P9900024435 1. Entity Name TWO GUYS PROFESSIONAL CONSULTING SERVICE, INC.					FILED Jan 28, 2000 8:00 am Secretary of State 01-28-2000 90213 033 ***150.00			
Principal Place of Business 15465 MEADOW WOOD DRIVE W PALM BEACH FL 33414		Mailing Address 15465 MEADOW WOOD DRIVE W PALM BEACH FL 33414-9008					ý #1 #1() 1 88 1	
2. Principal Place of Business 680.1 LAKE WORTH ROAD.		3. Mailing Address						
Suite, Apt. #, etc. <u>256</u> City & State		Suite, Apt. #, etc. City & State		4. FEIN	DO NOT WRITE IN THIS		plied For	
LAKE WO	ORTH. FLORIDA.	Zip	Zip Country		65-0923100. Not Applicable 5. Certificate of Status Desired \$8.75 Fee Required Fee Required			
33467	6. Name and Address of Current F	Registered Agent.			e and Address of New Registered) بەر ئەرىي تىس ىرى	
<u> </u>								
PARKE, FRANZ A ESQ. 1110 S.W. 24TH AVENUE BOYNTON BEACH FL 33426				Street Address (P.O. Box Number is Not Acceptable)				
			City	City		Zip Code	2	
SIGNATURE Signature, typed or printed name of registered agent and tit 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		d title if applicable. (NOTE: Registered Agent signature require FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		.00 1	0. Election Campaign Financing		O May Be to Fees	
11	OFFICERS AND I	DIRECTORS	12.	ADDIT	IONS/CHANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENRY, VICTOR 15465 MEADOW WOOD DRIVE		NAME STREET ADDRESS		THELMA EADOW WOOD DRIVE BEACH FL 33414	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARKE, FRANZ 1110 S.W. 24TH AVENUE BOYNTON BEACH FL 33426	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
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ITTLE		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·	Change	Addition	
- - - ST- ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
indicated of the corr	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emoc or on an attachment with an address.	strue and accurate and that movement to execute this report to execute this report to execute this report.	ny signature shall have as required by Chapte	, the came leas	I effect as if made under oath; that I Statutes; and that my name appears	am an officer (in Block 11 or	or director	

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