2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Feb 26, 2003 8:00 am Secretary of State DOCUMENT:#_ P99000025524 1. Entity Name 02-26-2003 90130 014 ***150 00 CENTURY INVESTMENT SERVICES, INC. Principal Place of Business Mailing Address 297 TILFORD N **5780900** 297 TILFORD N APT. N DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. ĘEI Number Applied For 65-0904015 Not Applicable Zip Country Zip 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 Name HIGGINBOTHAM, HELEN K 3003 Ellesmere A Street Address (P.O. Box Number is Not Acceptable) 297 TILFORD N **DEERFIELD BEACH FL 33442** Deargield Beach City Zip Code 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. I am familiar with, and accept the obligations of registered agent. 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HIGGINBOTHAM, HELEN K NAME STREET ADDRESS 297 TILFORD N 003 Elles CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY & J. ZIPZ 33442 TITLE Delete TITLE ☐ Change ☐ Addition NAME HIGGINBOTHAM, HELEN K NAME STREET ADDRESS 297 TILFORD N STREET ADDRESS CITY-ST-7IP DEERFIELD BEACH FL 33442 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

FILED