2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P99000028446 1. Entity Name A B & Z SERVICES INC. 05-10-2001 90074 027 ***150.00 Mailing Address Principal Place of Business # 407 SOUTH DIXIE HIGHWAY # 407 SOUTH DIXIE HIGHWAY DUVIUUII LAKE WORTH FL 33460 LAKE WORTH FL 33460 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0911297 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CATANZARO, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 5363 HELENE CIR. **BOYNTON BEACH FL 33437** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Addition ☐ Delete TITLE TITLE CATANZARO, RICHARD L NAME STREET ADDRESS 5363 HELENE CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Change ☐ Addition TITLE Delete TITLE NAME Catanzaro, Barbara J NAME STREET ADDRESS STREET ADDRESS 5363 HELENE CIR. CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Change ☐ Addition Delete. 🗖 🚙 👡 عيد ر TITLE TITLE NAME CATANZARO, BRANDON L NAME STREET ADDRESS STREET ADDRESS 5363 HELENE CIR. CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Change ☐ Addition TITLE ☐ Delete TITLE NAME CATANZARO, ZACHARY L NAME STREET ADORESS STREET ADDRESS 5363 HELENE CIR. CITY-ST-7IP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Change ☐ Addition TITI F □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an application, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR