

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102195

1. Entity Name

Y2KODING SERVICES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90154 016 ***158.75

Principal Place of Business

7800 NW 30 STREET
DAVIE FL 33024

Mailing Address

7800 NW 30 STREET
DAVIE FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0982783

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSON, RICHARD C
7800 NW 30 STREET
DAVIE FL 33024

7. Name and Address of New Registered Agent

Name

Margarita S. Osborn-Olson

Street Address (P.O. Box Number is Not Acceptable)

7800 NW 30 Street

City

Davie

FL

Zip Code

33024

8. The above named entity submits this statement for the purpose of the information registered or line or registered agent, or both, in the

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS OSBORN-OLSON, MARGARITA S
CITY-ST-ZIP 7800 NW 30 STREET
DAVIE FL 33024

TITLE ☐ Delete
NAME D
STREET ADDRESS OLSON, RICHARD C
CITY-ST-ZIP 7800 NW 30 STREET
DAVIE FL 33024

TITLE ☐ Delete
NAME D
STREET ADDRESS OLSON, DEXTER G
CITY-ST-ZIP 7800 NW 30 STREET
DAVIE FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME OSBORN, DEXTER G
STREET ADDRESS 7800 NW 30 STREET
CITY-ST-ZIP DAVIE FL 33024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARGARITA S. OSBORN-OLSON
PRESIDENT 4-24-2000 954-435-3200

CR2E034 (9/99)