2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P99000107218** PROFESSIONAL GRADING SERVICES, INC. 04-26-2001 90093 040 ***150.00 Principal Place of Business Mailing Address 317 WATERWAY VILLAGE COURT 317 WATERWAY VILLAGE COURT WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413 3. Mailing Address 2. Principal Place of Business 4560 BELVEDERE ROAD 4560 BELVEDERE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE *****6 辛し City & State City & State 4. FEI Number Applied For 65-0968274 WEST PALM WEST PALM BEACH, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATRICK **FEJES** FEJES, PATRICK Address (P.O. Box Number is Not Acceptable) 160 BELVEDERE ROAD 317 WATERWAY VILLAGE COURT WEST PALM BEACH FL 33413 PALM 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 MIRKICA FEJES - PRESIDENT SIGNATURE Signature, typed or printed name of registered agent and title FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change . Addition FEJES, PATRICK FEJES, PATRICK NAME NAME 4560 BELVEDERE ROAD#6 STREET ADDRESS. 317 WATERWAY VILLAGE CT STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33413 CITY-ST-ZIE 33415 WEST PALM BEACH, FL TITLE ☐ Delete TITLE Addition NAME NAMS STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Channe Channe 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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