2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2001 8:00 am Secretary of State **DOCUMENT # \$18408** 1. Entity Name ATTORNEY'S INFORMATION SERVICES, INC. 01-24-2001 90010 046 ***158.75 Principal Place of Business Mailing Address 3090 NE 48TH ST. 3090 NE 48TH ST. SHITE 316 SUITE 316 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 806 CYPRESS BLVD. 3. Mailing Address 806 CYPRESS BLUD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #401 # 401 City & State City & State 4. FEI Number Applied For 65-0237000 POMPANO BEACH POMPANO BEACH Not Applicable Country U.S.A. Country ひょちょA・ \$8.75 Additional Certificate of Status Desired 33069 33069 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAUTER, GEORGE Street Address (P.O. Box Number is Not Acceptable) 3090 48TH ST NE FT. LAUDERDALE FL 33308 Zip Code 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 GEORGE W. HAUTER 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PIRCUTOR PRESIDENT HAUTER, GEORGE ☐ Addition n ☐ Delete TITLE HAUTER, GEORGE NAME NAME 806 CYPRESS BLUD STREET ADDRESS 3090 48TH ST NE STREET ADDRESS POMPANO BEACH, PL. 33069 CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 changed, or on an attachment with an address, with all other like empowered.

auler)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: