

2000 UNIFORM BUSINESS REPORT (UBR)

1066

DOCUMENT # 523796

1. Entity Name
CERTIFIED REPORTING SERVICE, INC.

FILED

00 JUN 26 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1250 NE 23 Pl.
Pompano Bch. Fl. 33064

2. Principal Place of Business

3. Mailing Address

1250 NE 23 Pl.
Suite, Apt. #, etc.

1250 NE 23 Pl.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pompano Bch. Fl.
Zip
33064
Country
Broward

City & State
Pompano Bch. Fl.
Zip
33064
Country
Broward

4. FEI Number

65-0250643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Shela K. Ellis
1250 NE 23 Pl.
Pompano Bch. Fl. 33064

Name
Shela K. Ellis

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

1250 NE 23 Pl.

City
Pompano Bch

FL

Zip Code
33064

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME D Shela K Ellis ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 1250 NE 23 Pl
Pompano Bch Fl 33064

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Shela K Ellis

Shela K Ellis

President 5/1/00

954-763-1382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

2012

Attachment
523796

CERTIFIED REPORTING SERVICE, INC.
1250 N. E. 23 PLACE
POMPAÑO BEACH, FLORIDA 33064

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

Dear Sirs,

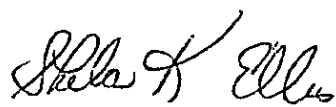
I have received the requested 2000 UBR on May 1, 2000. I did not receive my prepinted form as I have in the past.

I am the only person in this corporation. There has been no changes in the corporation except for the mailing address which is 1250 N.E. 23rd Place Pompano Beach, Florida. 33064.

I am enclosing my check for \$150 for my 2000 renewal. If you need additional information please conatct me at either 954-763-1382 or 954-943-2590 or by email at ShelaE@comupserve.com.

Thank you for your kind attention.

Yours truly,



Shela K. Ellis