

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**  
 02-20-2002 90129 008 \*\*\*150.00

**DOCUMENT # S23796**

Entity Name  
**CERTIFIED REPORTING SERVICE, INC.**

Principal Place of Business  
**250 NE 23 PLACE**  
**POMPANO BEACH FL 33064**

Mailing Address  
**1250 NE 23 PLACE**  
**POMPANO BEACH FL 33064**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**32 TWIN LAKES Rd.**

3. Mailing Address  
**32 TWIN LAKES Rd.**

Suite, Apt. #, etc.

City & State  
**LAKE PLACID, FL.**

City & State  
**LAKE PLACID, FL.**

Zip  
**33852**

Country  
**HIGHLANDS**

Zip  
**33852**

Country  
**U.S.**

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  
**ELLIS, SHELA KAY**  
**1250 N.E. 23 PLACE**  
**POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent  
 Name **Shela Kay Ellis**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1250 NE 32 TWIN LAKES Rd.**  
 City **LAKE PLACID** **FL** Zip Code **33852**

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 **Shela Kay Ellis** **Shela Kay Ellis** **2/5/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, SHELA KAY</b>		NAME	<b>ELLIS, SHELA KAY</b>	
STREET ADDRESS	<b>1250 N.E. 23 PLACE</b>		STREET ADDRESS	<b>32 TWIN LAKES Rd.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>		CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Kay Ellis** **Shela Kay Ellis** **2/5/02** **863-465-1179**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)