2002 Uniform Business Report (UBR)

changed, or on an attachment

SIGNATURE:

Apr 16, 2002 8:00 am Secretary of State S30684 DOCUMENT # 1. Entity Name 04-16-2002 90139 021 ***150.00 BANKER'S SERVICES GROUP, INC. Principal Place of Business Mailing Address 555 SW 12 AVE 555 SW 12 AVE 100 100 POMPANO BCH FL 33069 POMPANO BCH FL 33069 US 2. Principal Place of Business 3. Mailing Address 3100 NW Boca Raton Blvd 3100 NW Boca Katon Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 108 Suite 108 City & State City & State 4. FEI Number Applied For 65-0240550 bo<u>ca Katon</u> Not Applicable Palm beach Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required hlm Beach 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATEK, ROBERT C 555 SW 12TH AVE **STE 100** POMPANO BEACH FL 33069 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE 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, 2002 Fee will be \$550.00 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. PTSD ☐ Addition TITLE ☐ Delete TITLE ☐ Change PATEK, ROBERT C NAME NAME **4217 SOUTH OCEAN BOULEVARD** STREET ADDRESS STREET ADDRESS HIGHLAND BEACH FL 33487 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

BERT C. VATER 1-9-02 561 -368-6616

ICER OR DIRECTOR

Date

Dayland Phone #