FILED 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	S35516
DOCUMENT #	_ 5355 ID

1. Entity Name



Mar 05, 2003 8:00 am 5 Secretary of State 03-05-2003 90083 023 ***150.00

	ATIONAL SERVICE AND PA	AHIS, INC.						
1300 S DIXIE HWY 1300 S		Mailing Address 1300 S DIXIE HWY W PALM BEACH FL	. 33401					
2. Principal P	Place of Business	3. Mailing Address			- -	JAB 4714 BABAT BABAT	ALEK BUDIK F	1814 81811 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE	IF MAKING C	HANGES	
City & State		City & State	City & State		4. FEI Number 65-0246595	FEI Number 65-0246595 Applied For Not Applied		
Zip	Country	Zip	Count	try	5. Certificate of Status Desired		3.75 Add	ditional
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New R	egistered Agr	ent	
: DD/ITO (OFORCE D			Name				•
1300 S DI	george R. HXIE HWY			Street Address (F	P.O. Box Number is Not Acceptable	;)		
W PALM E	BEACH FL 33401							
				City		FL	Zip Cod	e
8. The above	e named entity submits this statement	for the purpose of changi	ng its registere	ed office or registere	ed agent, or both, in the State of Flo	orida. I am fam	iliar with,	and accept
ine obliga	alloris of registered agent.							
SIGNATURE	Signature, typed or printed name of registered as	en and itte if applicable.	(NOTE: Registered	d Agent signature required	when reinstating)	. DATE		
Afte	FILE NOW!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0				9. Election Campaign Fir Trust Fund Contribution	~ —		O May Be
	k-Payable to Florida Department							
10. ;	OFFICERS AN	ID DIRECTORS	11.	. 1	ADDITIONS/CHANGES TO OFF		_	
NAME	HATCHER, STEPHEN A	☐ Delete	TITLE NAME			L] Change	Addition
	4125 COLLE DR			ET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL			- ST-ZIP				
TITLE NAME	PSD CEODOE D	☐ Delete	TITLE					Addition
	DEVITO, GEORGE R.		L A L A L	-		Ļ	Change	L. Addition
OTHER DUDINGS			NAME STREE		O CAHIGA	_	J -€fiange	Lad Addition
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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 effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: -

Date

Daytime Phone #