2000 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2000 8:00 am Secretary of State **DOCUMENT # V41845** 1. Entity Name SURETY DATA SERVICES, INC. 04-22-2000 90037 035 ***150.00 Principal Place of Business Mailing Address 1055 S FEDERAL HWY 1055 S FEDERAL HWY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6025 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0358702 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORDON, KENNETH M. Street Address (P.O. Box Number is Not Acceptable) 1055 S FEDERAL HWY HOLLYWOOD FL 33020 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 TITLE ☐ Delete TITLE Change Addition NAME GORDON, SUSAN M STREET ADDRESS STREET ADDRESS 1055 S FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GORDON, KENNETH M NAME NAME STREET ADDRESS STREET ADDRESS 1055 S FEDERAL HWY CITY-ST-7IP CITY-ST-ZIF HOLLYWOOD FL 33020 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME

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 will

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP

CR2E034 (9/99)