

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716626

1. Entity Name

SERVE, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90047 035 ****61.25

Principal Place of Business

Mailing Address

1721 N.MACDILL AVE.
TAMPA FL 33607

1721 N.MACDILL AVE.
TAMPA FL 33607-3221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1270557

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

**BUHITE, RUSSELL S
 FOWLER, WHITE, ET AL
 501 E. KENNEDY BLVD. SUITE 1700
 TAMPA FL 33602**

Name

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

City

FL

Zip Code

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	CONIGLIARO, BOB	
STREET ADDRESS	21549 TRUMPETER DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JOHN W	
STREET ADDRESS	11829 EASTHAMPTON DR	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUHITE, RUSSELL S	
STREET ADDRESS	3405 GRAY CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LIGHTER, JOANNE	
STREET ADDRESS	921 COLLEGE HILL DR	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DATO, JUDITH	
STREET ADDRESS	207 W. DAVIS ISLANDS	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	ED	<input type="checkbox"/> Delete
NAME	HOUCHEM, DONNA C	
STREET ADDRESS	3420 CULLENDALE DR	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conigliaro, Bob	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cox, Annie	
STREET ADDRESS	6801 E. Hillsborough Ave.	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martinez, Lionel	
STREET ADDRESS	2203 N. Lois Ave, Ste 700	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weixelbaum, Tracy	
STREET ADDRESS	201 E. Kennedy Blvd. Ste 1200	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cassidy, Steve	
STREET ADDRESS	10338 Lightner Bridge Dr.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, 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:

SIGNATURE REQUIRED

4/26/00

813-872-5251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99