

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 1721 N.MACDILL AVE. TAMPA FL 33607	Mailing Address 1721 N.MACDILL AVE. TAMPA FL 33607-3221
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1270557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete CONIGLIARO, BOB 21549 TRUMPETER DR TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete MURPHY, JOHN W 11829 EASTHAMPTON DR TAMPA FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete BUHITE, RUSSELL S 3405 GRAY CT. TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete LIGHTER, JOANNE 921 COLLEGE HILL DR CLEARWATER FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete DATO, JUDITH 207 W. DAVIS ISLANDS TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <input type="checkbox"/> Delete HOUCHEN, DONNA C 3420 CULLENDALE DR TAMPA FL 33618

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Conigliaro, Bob
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Cox, Annie 6801 E. Hillsborough Ave. Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Martinez, Lionel 2203 N. Lois Ave, Ste 700 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ST Weixelbaum, Tracy 201 E. Kennedy Blvd. Ste 1200 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Cassidy, Steve 10338 Lightner Bridge Dr. Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/26/00 813-872-5251
 Date Daytime Phone #

CR2E037 19/99