

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90156 002 ****61.25

DOCUMENT # 716626

1. Entity Name

SERVE, INC.

Principal Place of Business

Mailing Address

1721 N.MACDILL AVE.
 TAMPA FL 33607

1721 N.MACDILL AVE.
 TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

3111 Tampa Bay Blvd

3111 Tampa Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL 33607

Tampa, FL

4. FEI Number

59-1270557

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 33556

Country USA

Zip 33556

Country USA

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** Delete
 NAME **CONIGLIARO, BOB**
 STREET ADDRESS **21549 TRUMPETER DR**
 CITY-ST-ZIP **TAMPA FL**

TITLE **VD** Change Addition
 NAME **Joel Cleveland**
 STREET ADDRESS **3109 N. MLK Blvd PK101**
 CITY-ST-ZIP **Tampa, FL 33607**

TITLE **TD** Delete
 NAME **COX, ANNIE**
 STREET ADDRESS **6801 E HILLSBOROUGH AVE**
 CITY-ST-ZIP **TAMPA FL 33610**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **BUHITE, RUSSELL S**
 STREET ADDRESS **3405 GRAY CT.**
 CITY-ST-ZIP **TAMPA FL**

TITLE **PD** Change Addition
 NAME **Steve Cassidy**
 STREET ADDRESS **10338 Lightner Bridge Dr**
 CITY-ST-ZIP **Tampa, FL 33626**

TITLE **SD** Delete
 NAME **WOOD, CATHY**
 STREET ADDRESS **18200 COMMERCE PARK BLVD**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **STD** Change Addition
 NAME **Laurie Melamore**
 STREET ADDRESS **5133 W. San Jose St**
 CITY-ST-ZIP **Tampa, FL 33629**

TITLE **STD** Delete
 NAME **DATO, JUDITH**
 STREET ADDRESS **207 W. DAVIS ISLANDS**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **SD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ED** Delete
 NAME **HOUCHEN, DONNA C**
 STREET ADDRESS **16013 CHASTAIN RD**
 CITY-ST-ZIP **ODESSA FL 33556**

TITLE Change 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: Donna C. Houchen **REQUIRED** Donna C Houchen 1/28/02 913-872-5254

CR2E037 (9/01)