

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90296 047 ****61.25

DOCUMENT # 716626

1. Entity Name
SERVE, INC.



Principal Place of Business
3111 TAMPA BAY BLVD.
TAMPA, FL 33607

Mailing Address
3111 TAMPA BAY BLVD.
TAMPA, FL 33607

34048904



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1270557

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CLEVELAND, JOEL
STREET ADDRESS 3031 ROCKY POINT DR W
CITY-ST-ZIP TAMPA, FL 33607

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME COX, ANNIE
STREET ADDRESS 9626 HIDDEN OAK CIR
CITY-ST-ZIP TAMPA, FL 33612

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CASSIDY, STEVE
STREET ADDRESS 10338 LIGHTNER BRIDGE DR.
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17102 Long Acres Lane
CITY-ST-ZIP ~~Tampa~~ Odessa, FL 33556

TITLE TD ☒ Delete
NAME MCLAMORE, LAURIE
STREET ADDRESS 5138 E. SAN JOSE ST.
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Change ☒ Addition
NAME T.D. Walter Reed
STREET ADDRESS 702 N. Franklin St
CITY-ST-ZIP Tampa, FL 33602

TITLE SD ☐ Delete
NAME PAGLINO, SUSAN
STREET ADDRESS 211 N TAMPA ST
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ 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 Donna C Houchen 4/5/04 872-5254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #