## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 831941 **DOCUMENT#**

1. Entity Name

4

SERVICE AMERICA CORPORATION

Principal Place of Business 201 EAST BROAD ST SPARTANBURG SC 29306 US			Mailing Address 201 EAST BROAD ST SPARTANBURG SC 29306 US			·						
2. Principal Place of Business			3. Mailing Address						[]   0    0     0		1H 11HH LIDI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI N	" · □· · · · · · · · · · · · · · · · · ·			oplied For ot Applicable	
Zip	ip Country		Zip		Country	5. Certificate of Status Desired		icate of Status Desired		\$8.75 Additional Fee Required		
	6. Name	and Address of Current	nt Registered Agent			7. Name and Address of New Registered Agent						
					Name	Name						
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address			(P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324												
					City			·	FL	Zip Cod	le	
	ions of regist	y submits this statement for ered agent.  or printed name of registered agent			gistered office or				orida. I am fa	amiliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of						•	Trust Fund Contribution.			Adde	5.00 May Be Ided to Fees	
10.	OFFICERS AND DIRECTORS			11.	The state of the s						ءِ ا	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 STAM	ER, JANET L. FORD PLAZA D CT 06902		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	े a Change	Addition	70/0/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete DEE, JOHN T 300 STAMFORD PLAZA STAMFORD CT 06902			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cha	Airman / Director St Change				☐ Addition	
TITLE NAME STREET ADDRESS	VT FRICK, KE	المراجعين المسترار مسترا		Delete	TITLE NAME STREET ADDRESS	ನಿಶ <b>ಿಯ</b>			د ۳۰۰پایس س	Change	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 607, 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.

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**SIGNATURE:** 

CITY-ST-ZIP

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TITLE

NAME

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SPARTANBURG SC 29306

BLITZER, DAVID

345 PARK AVE

NEW YORK NY 10154

1-30-03

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**FILED** 

Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90079 019 \*\*\*158.75

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