

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2000 8:00 an
Secretary of State**

02-07-2000 90035 015 ***150.00

DOCUMENT # J40521

1. Entity Name

F.I.R.S.T. SERVICES, CORP. OF ORLANDO

Principal Place of Business 4648 OLD WINTER GARDEN RD ORLANDO FL 32811	Mailing Address 4648 OLD WINTER GARDEN RD ORLANDO FL 32811-1760
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00017700

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2715729	Applied for Not Applied
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRONGELB, BRUCE
2310 RIDGE AVE
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Added to Fee**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRONGELB, BRUCE 2310 RIDGE AVE ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KRONGELB, KIMBERLY 2310 RIDGE AVENUE ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐

13. 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 11 or Block 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

Date

Daytime Phone #

1/28/00 407-292-10