

FILED
Jul 25, 2003 8:00 am
Secretary of State

04-28-2003 91398 044 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000007832			
1. Entity Name SERVANT INTERNATIONAL, INC.			
Principal Place of Business P.O. BOX 470876 CELEBRATION, FL 34747		Mailing Address P.O. BOX 470876 CELEBRATION, FL 34747	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 33-1064846		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FAIRO, PENNY 13343 LUXBURY LOOP ORLANDO, FL 32837 <i>See new address below</i>		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
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			
TITLE	NAME	TITLE	NAME
PD	KRANING, SABRINA	PD	Sabrina Kraning
STREET ADDRESS	1640 VISTA VIEW DR.	STREET ADDRESS	107 Brilliant Ave #2
CITY-STATE-ZIP	VERONA, PA 15147	CITY-STATE-ZIP	Pittsburgh, PA 15215
TITLE	VD	TITLE	VD
NAME	FAIRO, PENNY	NAME	Penny Fairo
STREET ADDRESS	13343 LUXBURY LOOP	STREET ADDRESS	3300 Berridge Lane
CITY-STATE-ZIP	ORLANDO, FL 32837	CITY-STATE-ZIP	Orlando, FL 32812
TITLE	SD	TITLE	
NAME	STAMEY, DIANE	NAME	
STREET ADDRESS	103 JOSHUA CT.	STREET ADDRESS	
CITY-STATE-ZIP	AUBURNDALE, FL 33823	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 or without other like empowered.			
SIGNATURE: <i>Sabrina Kraning</i> Sabrina Kraning 4/22/03 412 208-7425			