

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000034335**

1. Entity Name

SERVTECH, INC.**FILED**
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90048 041 ***158.75

Principal Place of Business

Mailing Address

**4182 S UNIVERSITY DR
DAVIE FL 33328****4182 S UNIVERSITY DR
DAVIE FL 33328-3006****916210**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0659630

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

**HARRELL, JOHN W JR
4182 S UNIVERSITY DR
DAVIE FL 33328**

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 file 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PTD	HARRELL, JOHN W JR	18360 SW 57 ST	FT LAUDERDALE FL 33331	☐ Delete					☐ Change ☐ Add
VSD	BARFIELD, K. TOD	3822 SW ST. LUCIE LANE	PALM CITY FL 34990	☒ Delete					☐ Change ☐ Add
				☐ Delete					☐ Change ☐ Add
				☐ Delete					☐ Change ☐ Add
				☐ Delete					☐ Change ☐ Add
				☐ Delete					☐ Change ☐ Add
				☐ Delete					☐ Change ☐ Add

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

John W. Harrell, Jr. 2-2-2000 954-424-1111

Date

Daytime Phone #