

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000062698

FILED
Jan 16, 2003
Secretary of State

Entity Name: FLORIDA STYLE SERVICES, INC.

Current Principal Place of Business:

17341-B ALICO CENTER RD.
FORT MYERS, FL 33912 US

New Principal Place of Business:

17252 ALICO CENTER RD.
SUITE 2
FORT MYERS, FL 33912 US

Current Mailing Address:

17341-B ALICO CENTER RD.
FORT MYERS, FL 33912 US

New Mailing Address:

17252 ALICO CENTER RD.
SUITE 2
FORT MYERS, FL 33912 US

FEI Number: 65-0850383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOTITZKY, EDWARD L
223 TAYLOR STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASMAN, DAVID M
Address: 2422 SOUTHEAST 28TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: BOWMAN, W T
Address: 7238 HENDRY CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: VELTRE, JOAN
Address: 12680 GAYLE RD
City-St-Zip: CAPE CORAL, FL 33909

Title: D () Delete
Name: NELSON, GEORGE
Address: 5812 SW 1ST PL
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M CASMAN

D

01/16/2003

Electronic Signature of Signing Officer or Director

_____ Date