

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90148 003 ****61.25

DOCUMENT # 716626

1. Entity Name
SERVE, INC.



Principal Place of Business
**3111 TAMPA BAY BLVD.
TAMPA FL 33602**

Mailing Address
**3111 TAMPA BAY BLVD.
TAMPA FL 33602**

60009398



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33607

Country

Zip
33607

Country

4. FEI Number **59-1270557**

Applied For

Not Applicable

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

**BUHITE, RUSSELL S
FOWLER, WHITE, ET AL
501 E. KENNEDY BLVD. SUITE 1700
TAMPA FL 33602**

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 *Donna Houchen* **Donna Houchen**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/02
DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE MD	<input type="checkbox"/> Delete
NAME CLEVELAND, JOEL	
STREET ADDRESS 3109 N. MLK BLD PR101	
CITY-ST-ZIP TAMPA FL	
TITLE TD	<input type="checkbox"/> Delete
NAME COX, ANNIE	
STREET ADDRESS 6801 E HILLSBOROUGH AVE	
CITY-ST-ZIP TAMPA FL 33610	
TITLE PD	<input type="checkbox"/> Delete
NAME CASSIDY, STEVE	
STREET ADDRESS 10338 LIGHTNER BRIDGE DR.	
CITY-ST-ZIP TAMPA FL 33626	
TITLE SD	<input type="checkbox"/> Delete
NAME MCLAMORE, LAURIE	
STREET ADDRESS 5138 E. SAN JOSE ST.	
CITY-ST-ZIP TAMPA FL 33629	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME DATO, JUDITH	
STREET ADDRESS 207 W. DAVIS ISLANDS	
CITY-ST-ZIP TAMPA FL 33606	
TITLE ED	<input type="checkbox"/> Delete
NAME HOUCHE, DONNA C	
STREET ADDRESS 16013 CHASTAIN RD	
CITY-ST-ZIP ODESSA FL 33556	

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Same	
STREET ADDRESS 3031 Rocky Point Dr W	
CITY-ST-ZIP Tampa, FL 33607	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Annie Cox	
STREET ADDRESS 9626 Hidden Oak Circle	
CITY-ST-ZIP Tampa, FL 33612	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Same	
STREET ADDRESS Same	
CITY-ST-ZIP Same	
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Same	
STREET ADDRESS Same	
CITY-ST-ZIP Same	
TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Susan Paglino	
STREET ADDRESS 211 N. Tampa St	
CITY-ST-ZIP Tampa, FL 33602	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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.

SIGNATURE: *Donna C Houchen* **Donna C Houchen** **1/15/02** **872-5251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E037 (10/02)