2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	MENT # 391763 ERVICE AMERICA, INC.		_	-	Fel Se	FIL b 09, 200 ecretary	00 8:00	0 am ate
Principal Place	o of Business	Mailing Address				02-09-2000 90082		
Principal Place of Business 3860 NE 22 TERRACE LIGHTHOUSE POINT FL 33064		Mailing Address 3860 NE 22 TERRACE LIGHTHOUSE POINT FL 33064-7433						
US		US			1:00:00 11		ı Albir bibli bebir bibl	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SPACE	
City & State		City & State			4. FEI Numbe	59-1407818		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75	Additional uired
	6. Name and Address of Current	Registered Agent	I 	ame	7. Name and	Address of New Regi		u., 0 =
- HARRIS, ROGER				reet:Address (F	P.O: Box Numbe	r'is Not Accéptable)		•
	NE 22 TERRACE THOUSE POINT FL 33064							
	()10002101111120001		Cit	ty			FL Zip (Code
8. The above	named entity submits this statement for	r the purpose of changing it	s registered off	fice or registere	ed agent, or both	h, in the State of Florid	,	
SIGNATURE _								
O'GIVITORE _	Signature, typed or printed name of registered agent a	and title if applicable (NO	TE: Registered Agen	t signature required	when reinstating)	_	DATE .	
Tax filling re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW After MAY 1, 2 Make Check Paya		be \$550.00	True	ction Campaign Financ st Fund Contribution.	· — •	5.00 May Be ided to Fees
11.	OFFICERS AND	<u> </u>	12.			CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 11
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STREET ADDRESS	HARRIS, ROGER 3860 NE 22 TERRACE		STREET ADD					
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NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>	NAME STREET ADD CITY-ST-ZI	l l	. ,	-		
indicated of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empo	true and accurate and that owered to execute this repor	my signature s rt as required b	shall have the s	same legal effect	t as it made under oatl	n; that I am an off ppears in Block 1	icer or director 11 or Block 12 if
	or on an attachment with an address, v	Land other like empowered	ಶಿ ನ್.್ನಾ ~	4		1/21/200	954-	782-
SIGNAT	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICE	R OFFICECTOR	HARR	<u></u>	Date	Daytime Phor	10 <u>-0</u>