

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 392230

Entity Name
BUSINESS SERVICE CENTER, INC.



FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90730 033 ***150.00

Principal Place of Business
~~132 NORTH 4TH STREET~~
~~FT PIERCE FL 34930~~

Mailing Address
132 NORTH 4TH STREET
FT PIERCE FL 34930



Principal Place of Business
900 VIRGINIA AVE, STE #15
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FORT PIERCE FL
Zip
34952
Country
USA

4. FEI Number 59-1368371
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, SHELL
~~ARCADE BLDG ST # 1~~
~~101 N 5TH ST~~
FORT PIERCE FL 34930

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	WILLIAMS, SHELL	NAME	
STREET ADDRESS	ARCADE BLDG ST # 1 101 N 5TH ST	STREET ADDRESS	900 VIRGINIA AVE, STE #15
CITY-ST-ZIP	FORT PIERCE FL	CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	SD	TITLE	
NAME	WILLIAMS, SALLY	NAME	
STREET ADDRESS	ARCADE BLDG ST # 1 101 N 5TH ST	STREET ADDRESS	900 VIRGINIA AVE, STE #15
CITY-ST-ZIP	FORT PIERCE FL	CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date FRS Daytime Phone # 24109123

CR2E034 (10/02)