

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 394471

1. Entity Name  
ORANGE PARK SERVICE, INC.

Principal Place of Business  
525 BLANDING BLVD  
PO BOX 187  
ORANGE PARK FL 32067-0187

Mailing Address  
525 BLANDING BLVD  
PO BOX 187  
ORANGE PARK FL 32067-0187

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1374697

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH & HULSEY PROFESSIONAL ASSOCIATION  
1800 FLORIDA NAT'L BANK TOWER  
225 WATER ST.  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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 title 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS SR, WILLIAM L	
STREET ADDRESS	4720 S.R. 13	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRETTA, VIRGIE H.	
STREET ADDRESS	14 BLANTON LANE	
CITY - ST - ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JEANNE	
STREET ADDRESS	4720 S.R. 13	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS JR, HARRY E.	
STREET ADDRESS	2747 BLANDING BLVD	
CITY - ST - ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jul 14, 2000 8:00 am  
Secretary of State

07-14-2000 90018 028 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

7/105/2000  
Date Daytime Phone #