

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 668049

1. Entity Name
CORNER SERVICE LTD., INC.

Principal Place of Business

1175 COURT STREET
CLEARWATER FL 33756
US

Mailing Address

1175 COURT STREET
CLEARWATER FL 33756
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SEARS, KENNETH J
3071 LANDMARK BLVD.
#1408
PALM HARBOR FL 34684

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	☐ Delete
NAME	SEARS, KENNETH J	
STREET ADDRESS	3082 LANDMARK BLVD #1704	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	V	☐ Delete
NAME	SEARS, RONALD C	
STREET ADDRESS	1100 WOODCREST AVE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	V	☐ Delete
NAME	SEARS/MIKL, MELONY J	
STREET ADDRESS	2279 WARWICK DRIVE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	S	☐ Delete
NAME	SEARS, JOAN Y	
STREET ADDRESS	3082 LANDMARK BLVD #1704	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:

Melony S. Mikl

MELONY S. MIKL

1-18-01

(727) 447-3219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90058 010 ***150.00

U I U S T I



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)