

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90162 006 ****61.25

DOCUMENT # 716626

1. Entity Name

SERVE, INC.

Principal Place of Business

**1721 N.MACDILL AVE.
TAMPA FL 33607**

Mailing Address

**1721 N.MACDILL AVE.
TAMPA FL 33607**

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

59-1270557

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.

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 \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **CONIGLIARO, BOB**
STREET ADDRESS **21549 TRUMPETER DR**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ Change ☒ Addition
NAME **Cassidy, Steve**
STREET ADDRESS **10338 Lightner Bridge Dr.**
CITY-ST-ZIP **Tampa, FL 33626**

TITLE **TD** ☒ Delete
NAME **MURPHY, JOHN W**
STREET ADDRESS **11829 EASTHAMPTON DR**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **TD** ☐ Change ☒ Addition
NAME **Cox, Annie**
STREET ADDRESS **6801 E. Hillsborough Ave.**
CITY-ST-ZIP **Tampa, FL 33610**

TITLE **PD** ☐ Delete
NAME **BUHITE, RUSSELL S**
STREET ADDRESS **3405 GRAY CT.**
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ Change ☒ Addition
NAME **Wood, Cathy**
STREET ADDRESS **17200 Commerce Park Blvd.**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE **SD** ☒ Delete
NAME **LIGHTER, JOANNE**
STREET ADDRESS **921 COLLEGE HILL DR**
CITY-ST-ZIP **CLEARWATER FL 33765**

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

TITLE **ST** ☐ Delete
NAME **DATO, JUDITH**
STREET ADDRESS **207 W. DAVIS ISLANDS**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **STD** ☒ Change ☐ Addition
NAME **Dato, Judith**
STREET ADDRESS **207 W. Davis Island**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **ED** ☐ Delete
NAME **HOUCHEN, DONNA C**
STREET ADDRESS **3420 CULLENDALE DR**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **ED** ☒ Change ☐ Addition
NAME **Houchen, Donna**
STREET ADDRESS **16013 Chastain Rd.**
CITY-ST-ZIP **Odessa, FL 33556**

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:

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

1/26/01

Date

Daytime Phone #

CR2E037 (10/00)