

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 824838

1. Entity Name

AUTHORIZED SERVICE, INC.

Principal Place of Business

3602 CYPRESS STREET  
P.O. BOX 23606  
TAMPA FL 33607-4916

Mailing Address

3602 CYPRESS STREET  
P.O. BOX 23606  
TAMPA FL 33619-0950

2. Principal Place of Business

3110 N. FAULKENBURG RD.

Suite, Apt. #, etc.

3. Mailing Address

3110 N. FAULKENBURG RD.

Suite, Apt. #, etc.

City & State  
TAMPA - FL

City & State  
TAMPA - FL

Zip  
33619

Country  
USA

Zip  
33619

Country  
USA

4. FEI Number 31-0747629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SECHRIST, ERIC J.  
3602 CYPRESS ST  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name  
CAREY, MICHAEL R.

Street Address (P.O. Box Number is Not Acceptable)

712 SOUTH OREGON AVENUE

City  
TAMPA

FL

Zip Code  
33606

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

Michael R. Carey

4/29/00

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, 2000 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 VP ☒ Delete  
NAME SECHRIST, JOHN R.  
STREET ADDRESS 207 QUITMAN  
CITY-ST-ZIP DAYTON, OH 00000

TITLE P ☒ Delete  
NAME SECHRIST, ERIC'S  
STREET ADDRESS 3602 CYPRESS ST  
CITY-ST-ZIP TAMPA FL 33607

TITLE VP ☒ Delete  
NAME ROBERT FOWBLE, SR  
STREET ADDRESS 3638 CYPRESS ST  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PRES, V-PRES, SEC. ☐ Change ☒ Addition  
NAME JOHN D. STANTON  
STREET ADDRESS C/O 3110 N. FAULKENBURG RD.  
CITY-ST-ZIP TAMPA FL 33619

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

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

TITLE ☐ Change ☐ Addition  
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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:

JOHN STANTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00  
Date

813/310-4898  
Daytime Phone #

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90073 038 \*\*\*158.75



DO NOT WRITE IN THIS SPACE