

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 836520**

1. Entity Name

MUTUAL SERVICE CORPORATION**FILED**
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90029 045 ***150.00

Principal Place of Business

Mailing Address

**250 AUSTRALIAN AVE S
STE 1800
WPB FL 33401
US****PO BOX 24777
WPB FL 33416-4777
US**

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 **38-1893570**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAMINSKI, DENNIS S. C/O MUTUAL SERVICE
250 AUSTRALIAN AVE, SOUTH
SUITE 1800
WEST PALM BEACH FL 33401**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **DIXON, JOHN L**
STREET ADDRESS **11043 THYME**
CITY-ST-ZIP **PALM BEACH GRDNS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VT** ☐ Delete
NAME **POFF, JOHN W**
STREET ADDRESS **3646 CYPRESS EDGE DRIVE**
CITY-ST-ZIP **LAKE WORTH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **MILFS, AUDREY**
STREET ADDRESS **26922 ROCKING HORSE LN**
CITY-ST-ZIP **LAGUNA HILLS CA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V.** ☐ Delete
NAME **KAMINSKI, DENNIS S.**
STREET ADDRESS **13632 BRIGHTSTONE STREET**
CITY-ST-ZIP **WELLINGTON FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DC** ☐ Delete
NAME **SCHAFER, GLENN S**
STREET ADDRESS **24036 CORMORANT LN**
CITY-ST-ZIP **LAGUNA NIGUEL CA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ROBINSON, GERALD W**
STREET ADDRESS **35 PLAZA CALOROSO**
CITY-ST-ZIP **SAN JUAN CAPISTRANO CA**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00

561-835-4100

CR2E034 (9/99)