

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0419026 AV

DOCUMENT # F74972

1. Entity Name
SERVOSS, INC.

04-03-2002 90511 001 ***150.00
 04-03-2002 90511 002 *****8.75

Principal Place of Business
C/O JAMES W. GOODWIN
PO BOX 1531
TAMPA FL 33601-1531

Mailing Address
C/O JAMES W. GOODWIN
PO BOX 1531
TAMPA FL 33601-1531



2. Principal Place of Business
JAMES W. GOODWIN

3. Mailing Address
James W. Goodwin

Suite, Apt. #, etc.
P.O. Box 1531

Suite, Apt. #, etc.
P.O. Box 1531

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33601

Country
US

Zip
33601

Country
US

4. FEI Number
59-2183614

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KERR, DAVID C G
400 NORTH TAMPA STREET 2300
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
James W. Goodwin

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

400 N. Tampa St., Suite 2300

City
Tampa

FL

Zip Code
33602

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

(NOTE: Registered Agent signature required when reinstating)

3/28/02
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | STDV VEITCH, JANE E 247 49TH AVENUE NORTH, #101 ST PETERSBURG FL 33703 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VEITCH, THOMAS J 247 49TH AVENUE NORTH, #101 ST PETERSBURG FL 33703 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

727-525-8424

Daytime Phone #

CR2E034 (9/01)