

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006105

1. Entity Name

SELF-FUNDED SERVICES, INC.

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90075 032 \*\*\*150.00

0595709

Principal Place of Business Mailing Address  
~~3910 SIMPSON AVENUE~~ ~~3910 SIMPSON AVENUE~~  
~~OCEAN CITY NJ 08226~~ ~~OCEAN CITY NJ 08226~~

2. Principal Place of Business 3. Mailing Address  
5147 CASTELLO DRIVE 5147 CASTELLO DRIVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
NAPLES, FL NAPLES FL  
Zip Country Zip Country  
34103 USA 34103 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-2540308** 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  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code  
DOUGLASS III, SAMUEL W  
559 NEAPOLITAN LANE  
NAPLES FL 34103

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD DOUGLASS III, SAMUEL W 559 NEAPOLITAN LANE NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOUGLASS, ROSE 559 NEAPOLITAN LANE NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)