

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H42548

1. Entity Name
SUAREZ SERVICES, INC.



FILED

06 SEP 26 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9950 PRINCESS PALM AVE.
SUITE 212
TAMPA, FL 33619 US

Mailing Address
9950 PRINCESS PALM AVE.
SUITE 212
TAMPA, FL 33619 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09252006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2498293

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERT I. ANTLE
9950 PRINCESS PALM AVE.
SUITE 212
TAMPA, FL 33619

Name

DELTON CUNNINGHAM

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

9950 PRINCESS PALM AVENUE SUITE 212

City

TAMPA

FL

Zip Code

33619

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/25/06

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SUAREZ, ROBERT J.
STREET ADDRESS 9950 PRINCESS PALM AVE.
CITY-ST-ZIP TAMPA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800080184028
CITY-ST-ZIP 09/26/06--01051--003 **\$61.25

TITLE VD ☒ Delete
NAME HEDRICK, STEVEN W
STREET ADDRESS 9950 PRINCESS PALM AVE.
CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ Change ☒ Addition
NAME VD
STREET ADDRESS CUNNINGHAM, DELTON
CITY-ST-ZIP 9950 PRINCESS PALM AVE TAMPA, FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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 #

9/25/06

813-664-1100