

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H53966

1. Entity Name
SERVICES RENDERED, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90038 020 ***150.00

Principal Place of Business 1251 GOLF AVE. ORMOND BEACH FL 32074	Mailing Address 1251 GOLF AVE. ORMOND BEACH FL 32174-7284
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1745 MARYLAND AVE Suite, Apt. #, etc. ORMOND BEACH, FL 32174	3. Mailing Address 1745 MARYLAND AVE Suite, Apt. #, etc. ORMOND BEACH, FL 32174
City & State	City & State
Zip	Country

4. FEI Number 59-2558595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INGLE, ROBERT G. 1251 GOLF AVE. ORMOND BEACH FL 32174	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Robert G. Ingle* **ROBERT G. INGLE** **APRIL 2, 2000**

Signature, typed or printed name of registered agent and fee 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.

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 NAME STREET ADDRESS CITY-ST-ZIP	P INGLE, ROBERT G. 1251 GOLF AVE. ORMOND BEACH 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	V INGLE, SANDRA F. 1251 GOLF AVE. ORMOND BEACH 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	<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 all other like empowered.

SIGNATURE: *Robert G. Ingle* **ROBERT G. INGLE** **APRIL 2, 2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904-673-2190

CR2E034 (9/99)