

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91839 026 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # H53966**  
 1. Entity Name  
**SERVICES RENDERED, INC.**



70051009

Principal Place of Business  
 1745 MARYLAND AVE  
 ORMOND BEACH, FL 32174

Mailing Address  
 1745 MARYLAND AVE  
 ORMOND BEACH, FL 32174

2. Principal Place of Business  
**1745 Maryland Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1745 Maryland Ave.**  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Ormond Beach, FL**

City & State  
**Ormond Beach, FL**

Zip  
**32174**

Country  
**Volusia**

4. FEI Number  
**59-2558595**

Applied For  
 NOT APPLICABLE

5. Certificate of Status Desired  **\$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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date it expires. (NOTE: Registered Agent signature required when returning)

**FILE NOW! FEE IS \$150.00**  
 After May 31, 2003, fee will be \$200.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P INGLE, ROBERT G. 1251 GOLF AVE. ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
V INGLE, SANDRA F. 1251 GOLF AVE. ORMOND BEACH, FL 32174	
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

11. 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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jandra J. Ingle**  
SIGNATURE, TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

**4/24/3** **673-2190**  
Date Daytime Phone #

CR2E034 (10/02)