

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J41889

1. Entity Name

T R S SERVICE CO.

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

04-12-2000 90002 017 \*\*\*158.75

Principal Place of Business

1905 MAYO CT  
HOLLYWOOD FL 33020  
US

Mailing Address

POB 610520  
N MIAMI FL 33261-0520  
US

2. Principal Place of Business

20515 E COUNTRY CLUB DR

3. Mailing Address

POB 610520

Suite, Apt. #, etc.

#547

Suite, Apt. #, etc.

City & State

Aventura FL

City & State

N. MIAMI FL

Zip

33180

Country

USA

Zip

33261

Country

USA

4. FEI Number

59-2739563

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIZZARD, ANDREW  
20515 E COUNTRY CLUB DR  
#248  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

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

#547

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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. (See criteria on back) ☐

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIZZARD, ANDREW	
STREET ADDRESS	20515 E.COUNTRY CL.DR.	
CITY-ST-ZIP	N.MIAMI BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GRIZZARD, MARIA	
STREET ADDRESS	1905 MAYO CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GRIZZARD, SUZANNE	
STREET ADDRESS	20515 E.COUNTRY CL.DR.	
CITY-ST-ZIP	N.MIAMI BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)