

DOCUMENT # K70741

1. Entity Name
R.E.W. SERVICES, INC.

Principal Place of Business

2420 FORSYTH RD
ORLANDO FL 32807
US

Mailing Address

2420 FORSYTH RD
ORLANDO FL 32807
US

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

2420 Forsyth Rd

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

4. FEI Number

~~98-2931874~~
59-3467000

Applied For

Not Applicable

Zip

Country

Zip

Country

32807

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, STAN
2420 FORSYTH RD
ORLANDO FL 32807

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.

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KING, STAN	480 E. CHAPMAN RD	OVIEDO FL 32765	<input type="checkbox"/>
VP	GUTHRIE, KEN	813 SNOW QUEEN DR	CHULUOTA FL 32766	<input type="checkbox"/>
S	BERNIER, GERALD	1932 VIKING AVE	DELTONA FL 32725	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

STAN KING PRES 1-5-01

407-677-1155

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90024 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)