

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90115 032 ***150.00

DOCUMENT # M68212

1. Entity Name

SERVICE FORMS COMPANY, INC. OF SOUTH FLORIDA

Principal Place of Business

552 MAJORCA CT
 208
 SATELLITE BCH FL 32937
 US

Mailing Address

P O BOX 506
 CAPE CANAVERAL FL 32920
 US

AS OF
 1/29/2001
 ↓

2. Principal Place of Business

3. Mailing Address

14220 SW. 90th TERRACE
 Suite, Apt. #, etc.

14220 SW. 90th TERRACE
 Suite, Apt. #, etc.

City & State

City & State

Miami Fla.

MIAMI, FLA.

Zip

Country

Zip

Country

33186

USA

33186

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CAROLE
 552 MAJORCA COURT
 SATELLITE BEACH FL 32937

SAME AGENT
 NEW ADDRESS
 →

Name

SHIVH, CAROLE (SAME NAME)

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

14220 S.W. 90th TERRACE

City

MIAMI

FL

Zip Code

33186

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CAROLE 552 MAJORCA CT SATELLITE BCH FL 32937	<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
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW ADDRESS: AS OF 14220 S.W. 90 th TERR. 1/29/01 MIAMI, FLA. 33186	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Carole Smith

CAROLE SHIVH (PRES)

Date

1/18/01

Daytime Phone #

(305)
 408-7559

CR2E034 (10/00)