

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M72142

1. Entity Name

FLORIDA'S ROOM SERVICE, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90022 018 ***150.00

Principal Place of Business 5827 CARAVAN CT ORLANDO FL 32819	Mailing Address 5827 CARAVAN CT ORLANDO FL 32819-7901
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 4630 S. KICKMAN RD Suite, Apt. #, etc. PMB # 732 City & State ORLANDO, FL. Zip 32811-2802 Country ORANGE
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2883716	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LEVIN, FRED
5615 SPRING RUN AVE.
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name LEVIN, FRED
Street Address (P.O. Box Number is Not Acceptable) 9042 PENNACLE CIRCLE
City WINDERMERE FL Zip Code 34786

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, FRED 5615 SPRING RUN AVE ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, FRED 9042 PENNACLE CIRCLE WINDERMERE, FL. 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, TRACI 5615 SPRING RUN AVE ORLANDO FL 32819 <input checked="" 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:

Stacy Levin REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

407-363-0031

Daytime Phone #

CR2E034 (9/99)