

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90054 026 \*\*\*550.00

0116471 AV

**DOCUMENT # M72142**

1. Entity Name

**FLORIDA'S ROOM SERVICE, INC.**



Principal Place of Business

**5827 CARAVAN CT  
ORLANDO FL 32819**

Mailing Address

**9042 PINNACLE CIRCLE  
WINDERMERE FL 34786**

2. Principal Place of Business

**5827 CARAVAN CT**

3. Mailing Address

**9042 PINNACLE CIRCLE**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**ORLANDO FLORIDA 32819**

City & State

**WINDERMERE FLORIDA 34786**

4. FEI Number

**59-2883716**

Applied For

Not Applicable

Zip

**32819**

Country

**ORANGE**

Zip

**34786**

Country

**ORANGE**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEVIN, FRED**

**9042 PINNACLE CIRCLE**

**WINDERMERE FL 34786**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-3-03**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LEVIN, FRED**  
STREET ADDRESS **9042 PINNACLE CIRCLE**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **LEVIN, TRACI**  
STREET ADDRESS **9042 PINNACLE CIRCLE**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

**SIGNATURE OF FRED LEVIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)