

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

0090785

04-28-2001 90096 048 ****61.25

DOCUMENT # N10521

1. Entity Name

THE SERVANTS BRANCH, INC.

Principal Place of Business

215 SHADOW BAY BLVD S
 LONGWOOD FL 32779
 US

Mailing Address

215 SHADOW BAY BLVD S
 LONGWOOD FL 32779
 US

2. Principal Place of Business

215 Shadow Bay Blvd S,
 Suite, Apt. #, etc.

3. Mailing Address

215 Shadow Bay Blvd S,
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL 32779

City & State

Longwood, FL

4. FEI Number

59-2570585

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LANDRY, LESLIE M
 215 SHADOW BAY BLVD SOUTH
 LONGWOOD FL 32779-4894

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 *Leslie M. Landry, Registered Agent*

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

(NOTE: Registered Agent signature required when reinstating)

4/19/01
 DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD	LANDRY, WINNIE	215 SHADOW BAY BLVD SOUTH LONGWOOD FL 32779-4894	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TD	PURVIS, CORA	215 SHADOW BAY BLVD. S. LONGWOOD FL 32779	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	MITCHEM, MARCY	1264 WATERBEACH CT. APOPKA FL 32703	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Winn Landry*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 *407-789-6404*
 Date Daytime Phone #

CR2E037 (10/00)