## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 21, 2002 8:00 am Secretary of State **DOCUMENT # N10521** 1. Entity Name THE SERVANTS BRANCH, INC. 02-21-2002 90023 034 \*\*\*\*61.25 Principal Place of Business Mailing Address CIE SHADOW BAY-BLVD-S 215 SHADOW BAY BLVD S LONGWOOD FL 32779 LONGWOOD FL 32779 US 2. Principal Place of Business 3. Mailing Address 305 FOX SquiRRel Zave 305 FOX SAVIRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2570585 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ---Street Address (P.O. Box Number is Not Acceptable) LANDRY, LESLIE M 215-SHADOW-BAY-BLVD-SOUTH-LONGWOOD FL 32779-4894 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. Election Campaign Financing **\$5.00** May Be Make Check Payable to FIEE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01)PD Change ☐ Delete TITLE PD WINNIE L NAME LANDRY, WINNIE STREET ADDRESS STREET ADDRESS 215 SHADOW BAY BLVD SOUTH CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779-4894 TITLE TD ☐ Delete TITLE NAME NAME PURVIS, CORA Fot Squipped lane STREET ADDRESS STREET ADDRESS 215 SHADOW BAY BLVD. S. CITY-ST-7IP CITY-ST-ZIP LONGWOOD FL 32779 TITLE Addition TITLE Delete NAME MITCHEM, MARCY NAME 1.4 Waterbeach Ct, STREET ADDRESS 1264 WATERBEACH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS PERMITE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: