

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002721

1. Entity Name

SERVICE METRO CORP.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90435 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O PHILLIPS & COMPANY  
3728 PHILLIPS HWY 39  
JACKSONVILLE FL 32207  
US

Mailing Address  
C/O PHILLIPS & COMPANY  
3728 PHILLIPS HWY 39  
JACKSONVILLE FL 32207-6840  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3189968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

PHILLIPS & COMPANY  
3728 PHILLIPS HWY  
STE 39  
JACKSONVILLE FL 32207

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **WARD, JAMES**  
CITY-ST-ZIP **8255 SEDGEFIELD DR.**  
**PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32501**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ROBINSON, EARL D JR**  
CITY-ST-ZIP **5694 GRANDE LAGOON BLVD**  
**PENSACOLA FL 32507**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PHILLIPS, KATHLEEN C**  
CITY-ST-ZIP **2485 TRONJO CIR**  
**PENSACOLA FL 32504**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 (904) 396-996

CR2E037 (9/99)