

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003276

1. Entity Name

EMPACT RESOURCE SERVICE CENTER, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90147 020 \*\*\*\*61.25

Principal Place of Business

3100 1ST AVE NORTH  
ST. PETERSBURG FL 33713  
US

Mailing Address

P.O. BOX 13487  
ST. PETERSBURG FL 33701-3807  
US

2. Principal Place of Business

136 4th STREET N  
Suite, Apt. #, etc.  
Suite 305

3. Mailing Address

300 EAST BAY DRIVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ST PETERSBURG FL

City & State  
LARGO FL

4. FEI Number  
59-3196080

Applied For  
Not Applicable

Zip  
33701

Country  
USA

Zip  
33770

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIES, JEAN M  
3100 1ST AVE SOUTH  
ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name  
MARY J LABYAK  
Street Address (P.O. Box Number is Not Acceptable)  
300 EAST BAY DRIVE  
City  
LARGO FL Zip Code  
33770

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: *Mary J Labyak* MARY J LABYAK 4-5-00  
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

Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, ANDRELL 3100-1ST AVE N ST. PETERSBURG FL 33713	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LATRESE, TAYLOR 3100 1ST AVE N. ST. PETERSBURG FL 33731	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLER, JOANN 3100 1ST AVE N. ST. PETERSBURG FL 33731	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARY J LABYAK 300 EAST BAY DRIVE LARGO FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C REBECCA McDONALD 300 EAST BAY DRIVE LARGO FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT KISTLER 300 EAST BAY DRIVE LARGO FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BETTY OLDANIE 300 EAST BAY DRIVE LARGO FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERESA R. CRAIG 300 EAST BAY DRIVE LARGO FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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, and all other like empowerments.

SIGNATURE: *Mary J Labyak* SIGNATURE REQUIRED MARY J LABYAK 4-5-00 727-586-4432  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)