

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005513

1. Entity Name

SERVICES OF ST. AUGUSTINE, INC.

**FILED**  
May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90249 014 \*\*\*\*70.00

Principal Place of Business

2088 NO. MILITARY TR., BLDG. B  
WEST PALM BEACH FL 33409

Mailing Address

2088 NO. MILITARY TR., BLDG. B  
WEST PALM BEACH FL 33409-3127

2. Principal Place of Business

3. Mailing Address

820 So. FEDERAL Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # 3

City & State

LAKE WORTH FL.

Zip

Country

33460

Country

PALE BEACH

4. FEI Number

65-0948096

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVE.  
CORAL GABLES FL 33134

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.

SIGNATURE

*Michael Pavelka* MICHAEL PAVELKA 'P'

1 MAY 2000

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

TITLE PD  
NAME PAVELKA, MICHAEL  
STREET ADDRESS 2088 NO. MILITARY TR., BLDG. B  
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE SD  
NAME EAMES, DAVID  
STREET ADDRESS 2088 NO. MILITARY TR., BLDG. B  
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE TD  
NAME KOLMETZ, ALAN  
STREET ADDRESS 2088 NO. MILITARY TR., BLDG. B  
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

*Michael Pavelka* MICHAEL PAVELKA 'P'

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MAY 2000 (561) 267-3423

Date

Daytime Phone #

CR2EC37 (9/99)