

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028045

1. Entity Name

I.O.F. SERVICES, INC.

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90112 043 ***150.00

0043334

Principal Place of Business

510 SHANE CIRCLE
WINTER SPRINGS FL 32708

Mailing Address

510 SHANE CIRCLE
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3635144

Applied For

Not Applicable

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

SIMMERMACHER, MARTIN J
510 SHANE CIRCLE
WINTER SPRINGS FL 32708

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HALCOMB, ELWYN W
STREET ADDRESS 510 SHANE CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE VPD
NAME SIMMERMACHER, MARTIN J
STREET ADDRESS 510 SHANE CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Last NAME spelled wrong
STREET ADDRESS correct (Holcomb)
CITY-ST-ZIP spelling

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin J. Simmermacher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/2001

Date

407-467-6366

Daytime Phone #

CR2E034 (10/00)

Attachments

June 25, 2001

Florida Department of State Division of Corporations
Attention: Marquita

BSU02107
#P00000028045

This letter is in reference to reinstating our Uniform Business Report for
I.O.F. Services Inc. for the year 2001.

We just received our renewal application in the mail on June 21, 2001. We
could not submit our fee without the proper application and the proper
amount. This situation was beyond our control and would like your
department to review this matter. Enclosed is our proper application along
with our proper fee pertaining to what the application states.

Thank You,

I.O.F. Services, Inc.
Martin Simmermacher