

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90249 012 ***150.00

DOCUMENT # **P00000028045**

1. Entity Name

I.O.F. SERVICES INC.



DO NOT WRITE IN THIS SPACE

11017412

2. Principal Place of Business

510 SHANE CIR.

Suite, Apt. #, etc.

3. Mailing Address

510 SHANE CIR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Springs, FL.

City & State

Winter Springs, FL.

Zip

32708

Country

USA

Zip

32708

Country

USA

4. FEI Number

59-3635144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Elwyn Holcomb

Street Address (P.O. Box Number is Not Acceptable)

41002 POSEY DR.

City

EUSTIS

FL

Zip Code

32736

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Elwyn Holcomb

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

Elwyn Holcomb

(NOTE: Registered Agent Signature required when reinstating)

4-23-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	Elwyn Holcomb
STREET ADDRESS	41002 POSEY DR.
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	VICE PRESIDENT
NAME	MARTIN SIMMERMACHER
STREET ADDRESS	510 SHANE CIR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elwyn Holcomb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

352-217-1026

Daytime Phone #

CR2E034B (12/02)