

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90093 010 \*\*\*150.00

**DOCUMENT # P00000039422**

1. Entity Name

**STATION SERVICING CORPORATION**



Principal Place of Business

P O BOX 150672

ALTAMONTE SPRINGS FL 32715

Mailing Address

P O BOX 150672

ALTAMONTE SPRINGS FL 32715

**90009691**



2. Principal Place of Business

**300 Broadview Ave.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Altamonte Springs FL**

City & State

Zip

**32701**

Country

**USA**

Country

4. FEI Number

**59-3638730**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HAYDEN, DIANA L**

**930 A FERN STREET**

**ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name

**Hayden, Diana L**

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

**300 Broadview Ave.**

City

**Altamonte Springs**

FL

Zip Code

**32701**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Diana L. Hayden*

**1/18/2003**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SELWYN, JERRY**  
CITY-ST-ZIP **300 BROADVIEW AVE**  
**ALTAMONTE SPRINGS FL 32701**

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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **HAYDEN, DIANA L**  
CITY-ST-ZIP **P.O. BOX 150672**  
**ALTAMONTE SPRINGS FL 32715-0672**

TITLE ☒ Change ☐ Addition  
NAME **P**  
STREET ADDRESS **Hayden, Diana L**  
CITY-ST-ZIP **300 Broadview Ave**  
**Altamonte Springs, FL 32701**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 607, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/2003**

Date

**407 650 2546**

Daytime Phone #

CR2E034 (10/02)