

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045239

1. Entity Name  
GOOD SERVICE REAL ESTATE CENTER, INC.

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90007 046 \*\*\*150.00

Principal Place of Business

Mailing Address

6641 NW 29TH COURT  
SUNRISE FL 33313

6641 NW 29TH COURT  
SUNRISE FL 33313

2. Principal Place of Business

3. Mailing Address

6900 SILVERSTAR RD

6900 SILVERSTAR RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32818

ORANGE

32818

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1004469

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

BOYER, JULIEN J.M.  
6641 NW 29TH COURT  
SUNRISE FL 33313

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

*Julien J.M. Boyer*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOYER, JULIEN J.M.  
6641 NW 29TH COURT  
SUNRISE FL 33313

☐ Delete

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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:

*Julien J.M. Boyer*

JULIEN J M BOYER

Date

Daytime Phone #

4-4-01 4078229750

CR2E034 (10/00)