2002 UNIFORM BUSINESS REPORT (UBR) P00000071950

DOCUMENT # 1. Entity Name

EMPIRE SERVICES INC.

Principal Place of Business 1316 CALATHEA DRIVE ORLANDO FL 32818

Mailing Address

1316 CALATHEA DRIVE ORLANDO FL 32818

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90072 049 ***150.00

359752



2. Principal Place of Business			3. Mailing Address				(10151 00 JUL 00 JUL 00 JUL 00	161 68 [11 18]		Bf141 08 11 1081	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	59=3661632				pplied For ot Applicable	
Zip Country			Zip	try	5 (Certificate of St	atus Desired		8.75 Ad			
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	6. Name	and Address of Current R	egistered Agent		Nama	7. N	lame and Add	ress of New Regis	stered A	gent		
CHARLED MILLIANA C						Name						
CHALKER, WILLIAM C					Street Address (P.O. Box Number is Not Acceptable)							
1316 CALATHEA DRIVE												
ORLANDO	FL 32818											
						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.												
SIGNATURÉ												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
9. This corpo	oration is eligi	ible to satisfy its Intangible	FILE NOW!	!! FEE	IS \$150.	00						
Tax filing i	requirement a	and elects to do so.		May 1, 2002 Fee will be \$550.00				Campaign Financ and Contribution.	ing 🗆	\$5.0	00 May Be d to Fees	
(See criter	ria on back)		le to D	epartmen	t of State	Husere	ind Contribution.		Aude	0.01.663		
11. OFFICERS AND DIRECTORS 12						AD	DITIONS/CHA	NGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
TITLE	P	_	☐ Delete	TITLE						Change	☐ Addition	
NAME		WILLIAM C		NAM	_							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS							
		FL 32010		-	-ST-ZIP							
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CITY-ST-ZIP		W-8004.0-			-ST-ZIP							
13. hereby o	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: