

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094747

1. Entity Name
FLORIDA AT YOUR SERVICE, INC.

Principal Place of Business
2100 CONSTITUTION BLVD
SARASOTA FL 34231

Mailing Address
2100 CONSTITUTION BLVD
SARASOTA FL 34231

2. Principal Place of Business

934 Capri Isles Blvd.
Suite, Apt. #, etc.
207

Mailing Address

934 Capri Isles Blvd.
Suite, Apt. #, etc.
207

City & State

Venice FL

City & State

Venice FL

Zip

34292

Country

USA

Zip

34292

Country

USA

4. FEI Number

65-1046327

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYNOR, ALAN
2100 CONSTITUTION BLVD
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Alan Raynor

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

934 Capri Isles Blvd. #207

City

Venice

FL

34292

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

Alan Raynor ALAN RAYNOR Apr 30, 2001

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)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYNOR, ALAN 2100 CONSTITUTION BLVD SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYNOR, ALAN 934 Capri Isles Blvd Venice FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature and typed or printed name of signing officer or director

ALAN RAYNOR

Date

Daytime Phone #

94 485 3845
4-30-01

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90168 021 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)