

002-2083 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

10F2

DOCUMENT # P00000095627  
1. Entity Name  
FIRST CLASS CYL SERVICES INC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY -1 AM 3:10

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
FLORIDA, TAMPA  
Suite, Apt. #, etc.  
8504 ADAMO DR.  
City & State  
TAMPA FL.  
Zip  
33619 Country  
Hill Country

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
City & State  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
593678909 Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Kirk Bullock  
Street Address (P.O. Box Number is Not Acceptable)  
4411 Shady TEK LN.  
# 314  
City  
TAMPA FL Zip Code  
33615

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 Kirk Bullock (NOTE: Registered Agent signature required when reinstating)  
DATE 4/26/03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>Kirk Bullock</u> <u>4411 Shady TEK LN.</u> <u>TAMPA FL 33613</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kirk Bullock Date 4/26/03 Daytime Phone #

CR2E034B (12/01)

2012

# First Class

CDL Services, Inc.  
TAMPA, FL. 33619  
PHONE (813)626-4015 FAX (813)626-1879

## FAX COVER SHEET

TOTAL NUMBER OF PAGES INCLUDING THIS ONE 1

DATE 10/22/02

TO: Division of Corporations

FROM: \* Kirk Bullock

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

### REMARKS:

PLEASE BE ADVISED THAT WE MOVED OUR LOCATION  
ON TWO OCCASIONS.

WE DID NOT RECEIVE ANY MAIL OR DIALOG FROM  
THE DIVISION OF CORPORATIONS

TAX ID - 593-678909

\* I did not receive the notice that advised me of a returned check and your intent to administratively dissolve in 60 days. Therefore, I am requesting a waiver of the reinstatement fee and penalty.