

002-2013

10F2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 000000095627

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

3. Mailing Address

SAME

Suite, Apt. #, etc.

8504 ADAMO DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL.

City & State

4. FEI Number

593678909

Applied For

Not Applicable

Zip

33619

Country

Hill Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Kirk Bullock

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

4411 SHADY TER LN.

314

City

TAMPA

FL

Zip Code

33615

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

4/26/03

DATE

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

PRESIDENT
Kirk Bullock
4411 SHADY TER LN.
TAMPA FL 33613

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/03

Daytime Phone #

CR2E034B (12/01)

2042

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 LOCATIONS.

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.