

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91190 038 \*\*\*158.75

**DOCUMENT #** P00000 111069  
**1. Entity Name**  
Santiago Services, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business** P.O. Box 961 **3. Mailing Address** P.O. Box 961  
Suite, Apt. #, etc.

**City & State** Winter Park FL **City & State** Winter Park FL  
**Zip** 32790-0961 **Country** 32790-0961 **Country**

**4. FEI Number** 59-3668173 **Applied For**  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
**Name** William Santiago  
**Street Address (P.O. Box Number is Not Acceptable)** 1811 Yorkshire Dr  
**City** Winter Park FL **Zip Code** 32792

**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** \_\_\_\_\_  
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)

**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**

<b>TITLE</b>	<u>Santiago, William</u>
<b>NAME</b>	<u>1811 Yorkshire Dr.</u>
<b>STREET ADDRESS</b>	<u>Winter Park FL 32792</u>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<u>Santiago, Grzelle</u>
<b>NAME</b>	<u>1811 Yorkshire Dr</u>
<b>STREET ADDRESS</b>	<u>Winter Park, FL 32792</u>
<b>CITY-ST-ZIP</b>	
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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:** William Santiago  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

407-678-7830

CR2E034B (12/01)