

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91754 050 ***150.00

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

DOCUMENT # **P01000063656**

1. Entity Name

Statewide Property Services Co.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4400 Hillcrest Drive

Suite, Apt. #, etc.

Suite #517

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1116086

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lora Rossi

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

4400 Hillcrest Drive #517

City

Hollywood

FL **33021**

**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

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

(NOTE: Registered Agent signature is required when reappointing)

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 **LORA ROSSI PRESIDENT**
NAME
STREET ADDRESS **4400 Hillcrest Dr. #517**
CITY - ST - ZIP **Hollywood, FL 33021**

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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)(b), 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: **Lora Rossi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01

CR2E034B (12/01)