

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90141 040 \*\*\*150.00

0010882  
AV

**DOCUMENT #** P01000108115

1. Entity Name  
**TOTAL CHOICE SERVICES, INC.**



Principal Place of Business  
**100 ALEXANDRA BLVD  
STE 11  
OVIEDO FL 32765**

Mailing Address  
**100 ALEXANDRA BLVD  
STE 11  
OVIEDO FL 32765**



2. Principal Place of Business  
**1755 W. Broadway ST  
Suite 7**

3. Mailing Address  
**1755 W. Broadway ST  
Suite 7**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**OVIEDO FL**

City & State  
**OVIEDO, FL**

Zip  
**32765**

Country  
**USA**

Zip  
**32765**

Country  
**USA**

4. FEI Number  
**59-3757213**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHAARE, JANET  
3519 WADING HERON TERR  
OVIEDO FL 32766**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MORRISSEY, MICHAEL F 4493 DRAYTON LN OVIEDO FL 32765</b>	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** **9/4/03** **407-977-0043**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

September 5, 2003

ATTACHMENT  
#P01000108115  
80145161

Florida Dept of State  
Division of Corporations

We have never received any notice to  
file this report prior to September 10th.

According to your documents, if we did  
not receive such notice we would  
need to send in this letter and \$150.00  
to renew our corporation.

Attached is the form and a check for \$150.  
If you have any questions, please call  
407-977-0043

Thank you.

Total Choice Services, Inc.  
Michael Morrissey  
President