2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000024209 DOCUMENT

1. Entity Name

MID FLORIDA CURB SERVICES, INC.



FILED Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90131 018 ***150.00



Principal Place of Business 506 N ALEXANDER STREET PLANT CITY FL 33566 Mailing Address 506 N ALEXANDER STREE PLANT CITY FL 33566			REET	 	II ABINA NAN BIANA NAN ADIN MAN IAN	
2. Principal Place of Business 1917 COLSON RD Suite, Apt. #, etc. 3. Maijing Address 1917 COLSON RD Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
						PLANT CITY FL
33567	Country .S.A.	33567	Country-S, A.	5. Certificate of Status Desired	¢9.75	
	Name and Address of Current R	egistered Agent		7. Name and Address of New Regist		
CALLOWERY D	41.85 M		Name	The second of th	-	
Galloway, D/ 506 N Alexani	•		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
PLANT CITY FL	. 33566					
	\		City		Zip Code	
8. The above name	d entity submits this statement for	he purpose of changing it	ls registered office or regis	stered agent, or both, in the State of Florida.	Les 4 - Transition 1	
the obligations of	registered agent.	, , ,	is regional and onlock regio	nered agent, or both, in the State of Fiorida.	am tamiliar with, and accept	
SIGNATURE	•					
	e, typed or printed name of registered agent and	I title if applicable. (NO	TE: Registered Agent signature requi	ired when reinstating)	DATE	
FILE N	OW!!! FEE IS \$150.00	· · · · · · · · · · · · · · · · · · ·				
After May	1, 2003 Fee will be \$550.00 ble to Florida Department of \$	State		 Election Campaign Financin Trust Fund Contribution. 	g \$5.00 May Be Added to Fees	
10.	OFFICERS AND DI	1	11.	ADDITIONOLOUGH		
TITLE D	37.702.707.712	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS		
NAME GALL	.OWAY, DAVID H	E Delete	NAME		☐ Change ☐ Addition	
STREET ADDRESS 506	N ALEXANDER STREET		STREET ADDRESS			
	IT CITY FL 33566		CITY-ST-ZIP			
TITLE PR	ESIDENT, DIRECTO	└ □ Delete	TITLE			
	AFORD SHAKES	C Delete	NAME		☐ Change ☐ Addition	
	117 COLSON RD		STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY F	1 33567	CITY-ST-ZIP			
TITLE	The state of the s	Delete	TITLE		Change Dates	
NAME			NAME	The state of the s	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
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IAME			NAME		Shango Addition	
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IAME TREET ADDRESS			NAME			
ITY-ST-ZIP			STREET ADDRESS			
TLE			CITY-ST-ZIP			
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TREET ADDRESS			NAME STREET ADDRESS			
ITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
2. Thereby certify the	at the information supplied with this	- 4:00	G111-31-21			
· · · · · · · · · · · · · · · · · ·	acuse illustrazion stronied with this	THEO COOR DOLONGIE !	41			

indicated on this report or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNO COMPLEAFORD SHAKES

Daytime Phone #