

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000027618

FILED  
Feb 17, 2003  
Secretary of State

Entity Name: SERVICE ZONE OF CANADA, INC.

## Current Principal Place of Business:

3959 VAN DYKE ROAD  
#365  
LUTZ, FL 33558

## New Principal Place of Business:

## Current Mailing Address:

3959 VAN DYKE ROAD  
#365  
LUTZ, FL 33558

## New Mailing Address:

FEI Number: 04-3626448      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GOODWIN, JAMES W ESQ  
400 N TAMPA STREET STE 2300  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete  
Name: HAYES, SHARILYN J  
Address: 10 BALSAM DR  
City-St-Zip: HOMOSASSA, FL 34446

Title: S ( ) Delete  
Name: HAYES, SHARILYN J  
Address: 10 BALSAM DR  
City-St-Zip: HOMOSASSA, FL 34446

Title: DP ( ) Delete  
Name: HAYES, TIMOTHY J  
Address: 10 BALSAM DR  
City-St-Zip: HOMOSASSA, FL 34446

Title: T ( ) Delete  
Name: HAINZ, GARY  
Address: 10 BALSAM DR  
City-St-Zip: HOMOSASSA, FL 34446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change ( ) Addition  
Name: HAYES, SHARILYN J  
Address: 3959 VAN DYKE ROAD #365  
City-St-Zip: LUTZ, FL 33558

Title: S (X) Change ( ) Addition  
Name: HAYES, SHARILYN J  
Address: 3959 VAN DYKE ROAD #365  
City-St-Zip: LUTZ, FL 33558

Title: DP (X) Change ( ) Addition  
Name: HAYES, TIMOTHY J  
Address: 3959 VAN DYKE ROAD #365  
City-St-Zip: LUTZ, FL 33558

Title: VT (X) Change ( ) Addition  
Name: HAINZ, GARY  
Address: 1971 W. LUMSDEN ROAD #104  
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. HAINZ

VT

02/17/2003

Electronic Signature of Signing Officer or Director

Date