

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000027835

FILED
Feb 17, 2003
Secretary of State

Entity Name: SERVICE ZONE OF QUEENS, 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: 04-3626444 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: COO () 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: COO (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