

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0155792 FP

DOCUMENT # P02000126533

1. Entity Name
SITE SERVICES 20 / 20 INC.



APPROVED
AND
FILED

03 OCT -3 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



REINSTATEMENT 2003
☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
686 DWYER AVE
PT ST LUCIE FL 34953

Mailing Address
686 DWYER AVE
PT ST LUCIE FL 34953

2. Principal Place of Business

2372 S.W. Independence Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port St Lucie FL

City & State

4. FEI Number

22-3884785

Applied For

Not Applicable

Zip
34953

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

John McCarthy

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

2372 S W Independence Rd

City Port St Lucie

FL

Zip Code

34953

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 *[Handwritten signature]*

(NOTE: Registered Agent signature required when reappointing)

DATE

8/28/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
President Director
Bert Grisinger
2372 S.W. Independence Rd
Port St Lucie, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
V. President Director
John McCarthy
2372 S.W. Independence Rd
Port St Lucie FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800024255958
10/29/03--01065--011 ***750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 *[Handwritten signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bertran Grisinger 8/30/03 72-878-5490

Date

Daytime Phone #

CR2E034 (4/03)