

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01

**FILED**

**Feb 09, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90040 008 \*\*\*150.00

<b>DOCUMENT # P92000001849</b>			
1. Entity Name <b>B 8 SERVICE, INC.</b>			
Principal Place of Business <b>15290 PALMETTO LAKES DR PERRINE FL 33157</b>		Mailing Address <b>15290 PALMETTO LAKES DR PERRINE FL 33157</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HUDEK, ROBERT J</b> <b>15290 PALMETTO LAKE DR</b> <b>MIAMI FL 33157</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
8. The above office or registered agent, or both, in the State of Florida.			
SIGNATURE: <i>Robert J Huddek</i> Signature, typed or printed name of registered agent and title if applicable.		<b>Robert J Huddek</b> (NOTE: Registered Agent signature required when reinstating) DATE: <b>2-1-2001</b>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			
TITLE	PST	<input checked="" type="checkbox"/> Delete	
NAME	<b>HUDEK, ROBERT K</b>		
STREET ADDRESS	<b>15290 PALMETTO LAKE DRIVE</b>		
CITY-ST-ZIP	<b>PERRINE FL 33157</b>		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>Hudek Robert J</b>		
STREET ADDRESS	<b>15290 Palmetto Lake Drive</b>		
CITY-ST-ZIP	<b>Perrine FL 33157</b>		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Robert J Huddek</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>Robert J Huddek</b> Date: <b>1-9-01</b> Daytime Phone #: <b>305-233-0803</b>	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)