

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**  
 02-20-2002 90154 010 \*\*\*150.00

**DOCUMENT # P92000014021**  
 Entity Name  
**SERVICE INDUSTRIES, INC.**

Principal Place of Business Mailing Address  
**10 N.W. 25TH AVENUE P O BOX 1450**  
**SUITE 102 OCALA FL 34478-1450**  
**OCALA FL 34475**

**80029192**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number 65-0379881** Applied For ☐ Not Applicable ☐

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**HEALY, FRANK F**  
**810 N.W. 25TH AVENUE**  
**STE 102**  
**OCALA FL 34475**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**1. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	LABONTE, JULES R	
STREET ADDRESS	810 N.W. 25TH AVE SUITE 102	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	TS	<input type="checkbox"/> Delete
NAME	LABONTE, JOSEPH E	
STREET ADDRESS	810 N.W. 25TH AVE SUITE 102	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEALY, FRANK F	
STREET ADDRESS	810 NW 25TH STE 102	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	RZEPECKI, FRANKLIN J	
STREET ADDRESS	810 NW 25TH AVE SUITE 102	
CITY-ST-ZIP	OCALA FL 34475	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Joseph E Labonte* **SIGNATURE:** *Frank F Healy* **SIGNATURE:** *Jules R Labonte* **SIGNATURE:** *Franklin J Rzepecki*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2-1-02** Daytime Phone # **352-351-4510**

CR2E034 (9/01)