

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90172 037 \*\*\*150.00

**DOCUMENT # P93000046645**

1. Entity Name

**SERVICE POINTE, INC.**

Principal Place of Business

**8529 SOUTH PARK CIR  
 STE 270  
 ORLANDO FL 32801  
 US**

Mailing Address

**P O BOX 5208  
 WINTER PARK FL 32793  
 US**

**964264**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**8529 SOUTH PARK CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 270**

City & State

City & State

**ORLANDO, FL**

4. FEI Number

**59-3198509**

Applied For

Not Applicable

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

**WHITE, W. GRAHAM ESQ  
 250 PARK AVE SO  
 5TH FL  
 WINTER PARK FL 32789**

Name

**PHILIP M JONES**

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

**8529 SOUTH PARK CIR #270**

City

**ORLANDO**

FL

**32801**

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.

SIGNATURE **PHILIP M JONES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/25/02**  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **JONES, PHILIP M**  
 STREET ADDRESS **7016 STONE CHAPEL COURT**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition  
 NAME **5145 WEST LAKE BUTLER ROAD**  
 STREET ADDRESS **WINDERMERE, FL 34786**  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **KUBISAK, JOE**  
 STREET ADDRESS **7501 RED BUD COURT**  
 CITY-ST-ZIP **ORLANDO FL 32807**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **PHILIP M JONES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**  
 Date

**407-345-5299**  
 Daytime Phone #

CR2E034 (9/01)