



2000-2002 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # **P94000003225**

1. Entity Name

RIVERHILL SERVICE CENTER INC
IND000008131

Principal Place of Business

Mailing Address

6002-B BONACKER DR.
TAMPA, FL. 33610

SAMS

2. Principal Place of Business

3. Mailing Address

SAMS

SAMS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593215955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACK A. LEHOW
5422 HERZOG RD.
TAMPA, FL. 33615

Name

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

City

FL

Zip Code

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

Signature of officer or director of registered agent and title of agent

(NOTE: Registered Agent signature required when re-registering)

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, 2000 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
MARK F KELLEY
5000 PURITAN RD
TAMPA FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
KIMBERLY K. KELLEY
5000 PURITAN RD
TAMPA FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500005195765--7
-04/05/02--01060--007
******450.00 ****450.00**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
351.25-AR
10.00-ARPTS
88175-ARSHR

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
0002 UBR

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:

Kimberly Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/02

Block 13 (9/99)

CR2034 (9/99)

Kelley's Auto
6002-B Bonacker Dr
Tampa Fl. 33610
Mark & Kim Kelley

PAGE 2012

219-02

ENCLOSED PLEASE FIND A CHECK FOR
\$300⁰⁰, OUR FILING FEE FOR 2001 + 2002.
WE MOVED AND DID NOT RECEIVE OUR
BUSINESS REPORT FOR THAT PERIOD.

THANK YOU.

MARK & KIM KELLEY
MARK F. KELLEY