

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name **ROE SERVICE INC**

D94000038390

FILED

00 MAY 19 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**HWY 40 EAST
SILVER SPRINGS FL 34489**

Mailing Address

**P.O. Box 2062
HWY 40 EAST
SILVER SPRINGS
FL 34489**

ROE SERVICE INC

2. Principal Place of Business

SILVER SPRINGS

3. Mailing Address

P.O. Box 2062

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SILVER SPRINGS FL

4. FEI Number

59-3250880

Applied For

Not Applicable

Zip

Country

Zip

Country

34489

MARIONA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROE DONALD H.
1146 SE 37th Ter
OCALA, FL 34471**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **P** NAME **ROE, DONALD H** ☐ Delete
STREET ADDRESS **1146 SE 37th Ter**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

SP

05-19-00

To Whom It May Concern-

RE ROE SERVICES INC. P.O. Box 2062
Silver Springs Fl. 34489. CORPORATION
Report,

I DID NOT RECEIVE FORM FOR, YEAR 2000.
CALLED OFFICE. FOR FORM. AND NEVER
RECEIVED. THIS DATE, CAME TO TALLAHASSEE
THANKS

Donald H. Roe Pres