

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065340

1. Entity Name

SAVICH REPORTING SERVICES, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90024 038 ***150.00

Principal Place of Business

Mailing Address

BAYSHORE

#118

TAMPA FL 33602

P. O. BOX 172418

TAMPA FL 33672-0418

US

2. Principal Place of Business

3. Mailing Address

707 N Franklin St

P.O. Box 172418

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8th Floor

FL

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33602

USA

33672-0418

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVICH, KATHY

327 BAYSHORE BLVD.

#118

TAMPA FL 33606

Name

SAVICH, Kathy

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

707 N. Franklin Street

8th Floor

City

Tampa

FL

Zip Code

33602

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

Kathy Savich

Kathy Savich
President

1-20-2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SAVICH, KATHY
327 BAYSHORE BLVD #118
TAMPA FL 33606

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D President/director
Savich, Kathy
707 N. Franklin Street 8th Floor
Tampa, FL 33602

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Kathy Savich
President

1/20/2000 (813) 223-3858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)