## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # PQ4000082430



**FILED** Mar 19, 2003 8:00 am § Secretary of State

1. Entity Nar		SERVICE, INC.	,0000	2400				03-19-20		_			
Principal Place of Business 5605 SW 14TH AVENUE CAPE CORAL FL 33914				Mailing Address 5605 SW 147H AVENUE CAPE CORAL FL 33914					144 <b>16</b> 44 <b>174</b>		T   B   8141		1
2. Principal F	Place of Busir	ness	3. Ma	iling Address									
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK H	ERE IF M	IAKING (	CHANGES	6	
City & Star	te		City	City & State			4. FEI N	umber 65-0532	398			Applied For lot Applicat	ole
Zip Country			Zip				cate of Status Desi		F	<b>8.75</b> Acee Requir	ed		
	6. Name	and Address of Curre	ent Registere	ed Agent	ت_	<del></del>	_7. Name	and Address of N	ew Regis	tered Ag	ent		_=÷ -
HELLER I	IWE MICHA	1Fi				Name *		•					
THELLER, UWE MICHAEL 5605 SW 14TH AVENUE					[ ]	Street Address (i	P.O. Box Nu	ımber is Not Accep	table)				$\Box$
l	RAL FL 339			_	.	***							-
CAPE COI	NAL FL 333	114		•									
4					(	City			•	FL	Zip Co	de	
8. The above the obligat	named entity tions of regist	y submits this statemen tered agent.	t for the purp	ose of changing its r	egistered	office or register	ed agent, o	r both, in the State	of Florida	. I am far	niliar with	, and accep	ot ,
SIGNATURE		or printed name of registered ag	gent and title if app	dicable. (NOTE:	Registered Ag	gent signature required	when reinstating	g)		DATE	<u></u>	<del></del>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State													
Afte	r May 1, 200	3 Fee will be \$550.0		7	:		9.	Election Campaig Trust Fund Contril		ing 🗆		00 May Be	•
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After Make Check 10.	r May 1, 200 k Payable to	O3 Fee will be \$550.0 Florida Department OFFICERS AN	t of State	RS Delete	THTLE			Trust Fund Contril	bution.		Adde	d to Fees	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 



410 2128 Daytime Phone #