

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088640

1. Entity Name

XAVIER SERVICES, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90046 004 ***150.00

Principal Place of Business
4514 DUMONT ST
NEW PORT RICHEY FL 34653-6737

Mailing Address
4514 DUMONT ST.
NEW PORT RICHEY FL 34653-6737



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4514 DUMONT ST.
Suite, Apt. #, etc.
NEW PORT RICHEY

3. Mailing Address
4514 DUMONT ST.
Suite, Apt. #, etc.
NEW PORT RICHEY

City & State
FL.

City & State
FL.

4. FEI Number 65-0540639

Applied For
Not Applicable

Zip
34653

Country
34653

Country

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

XAVIER, FERNANDA
NEW PORT RICHEY FL 34653-6737

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

4514 DUMONT ST
City
NEW PORT RICHEY FL Zip Code 34653

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 _____ (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, 2001 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
PST
FERNANDA, XAVIER
NEW PORT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
FERNANDA XAVIER
4514 DUMONT ST. N.P.R. FL 34653 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: Fernanda Xavier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 727-372-7397
Date Daytime Phone #

CR2E034 (10/00)