

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 19, 2000 8:00 am  
Secretary of State  
05-19-2000 90009 043 \*\*\*150.00

DOCUMENT # P95000037647(1)  
Entity Name  
SERVICES VESTATURE DEVELOPMENT CORP.

Principal Place of Business  
15 S WESTMONTE DR  
SUITE C  
ALTAMONTE SPRINGS, FL 32714  
Mailing Address  
195 S WESTMONTE DR.  
SUITE C  
ALTAMONTE SPRINGS, FL 32714

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
59-3323544  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ALLEN W. MORRIS  
195 S. WESTMONTE DRIVE  
SUITE C  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

1. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DWIGHT HOOPER  
130 HAMLIN  
ALTAMONTE SPRINGS, FL 32714  
VP  
CLIFF HOOPER  
9800 BEARLAKE RD  
APOPKA, FL 32703  
P  
ALLEN W MORRIS  
1041 WINDSONG CR  
APOPKA, FL 32703

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Addition

3. 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:  
4/24/00 407-862-6610  
Date Daytime Phone #