Apr-26-02 07:38A J.G. Atkins & Associates 4C

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90089 006 ***150.00

2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000037647

1. Entity Name
SERVICES VESTATURE DEVELOPMENT CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
378 Center Pointe Circle	378 Center Pointe Circle
Suite, Apt. #, etc. #1272	Suite, Apt. #, etc. #1272
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32701 Country	Zip 32701 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3323544 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Allen W Morris

Street Address (P.O. Box Number is Not Acceptable): 378 Center Pointe Circle #1272

City: Altamonte Springs FL Zip Code: 32701

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: _____ Date

(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required by law.)

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Morris, Allen W 1041 Windsong Circle Apopka, FL 32703
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/25/02 407-8626618

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER/DIRECTOR — Date — Daytime Phone #