

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048653

1. Entity Name

SAFARI SERVICES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90096 048 ***150.00

Principal Place of Business

Mailing Address

3925 DIXIE HWY NE
PALM BAY FL 32905

3925 DIXIE HWY NE
PALM BAY FL 32904-1133

2. Principal Place of Business

205 S. WICKHAM RD.

3. Mailing Address

205 S. WICKHAM RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

59-3324892

Applied For

Not Applicable

Zip

Country

32904

USA

Zip

Country

32904

USA

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

MCMILLAN, JOHN
3925 DIXIE HWY NE
PALM BAY FL 32905

Name

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

205 S. WICKHAM RD.

City

MELBOURNE

FL

Zip Code

32904

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

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
PSTD
MCMILLAN, JOHN
4357 DAVIDA DR.
MELOURNE FL 32934 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/00 (321) 727-7327

CR2E034 (9/99)