

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063294

1. Entity Name

SERVICE EVALUATORS INCORPORATED

**FILED**  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90090 031 \*\*\*158.75

Principal Place of Business

~~P.O. BOX 280~~  
~~NAPLES FL 34106-0280~~

Mailing Address

~~P.O. BOX 280~~  
~~NAPLES FL 34106-0280~~

2: Principal Place of Business

P.O. Box 111240  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 111240  
Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0607948

Applied For

Not Applicable

Zip

Country

34108-8 USA

Zip

Country

34108 USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONNELL, DUNCAN S.D.  
~~894 NINTH AVENUE SOUTH~~  
~~NAPLES FL 34102~~

7. Name and Address of New Registered Agent

Name  
Connell, Duncan S.D.  
Street Address (P.O. Box Number is Not Acceptable)  
823 Meadowland Drive  
Apt. 5  
City Naples FL Zip Code 34108

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 D.S.D. Connell, Duncan S.D. Connell, President 4/2/01  
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, 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

TITLE P  
NAME CONNELL, DUNCAN S.D.  
STREET ADDRESS ~~894 NINTH AVENUE SOUTH~~  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE V  
NAME CONNELL, JANINE I.K.  
STREET ADDRESS 894 NINTH AVENUE SOUTH  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Connell, Duncan  
STREET ADDRESS 823 Meadowland Drive, 5  
CITY-ST-ZIP Naples, FL 34108 ☒ Change ☐ Addition

TITLE V  
NAME Connell, Janine  
STREET ADDRESS 823 Meadowland Dr., 5  
CITY-ST-ZIP Naples, FL 34108 ☒ Change ☐ Addition

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

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

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

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: D.S.D. Connell Duncan S.D. Connell 4/2/01 941-566-1268  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

05-00446

CR2E034 (10/00)