## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P96000012089 1. Entity Name IMPORT SERVICE CENTER, INC. 03-22-2000 90066 005 \*\*\*150.00 Mailing Address Principal Place of Business 2155 EXECUTIVE ROAD 2155 EXECUTIVE ROAD WINTER HAVEN FL 33884-1128 WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3372409 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANSTEENBURG, MIKE Street Address (P.O. Box Number is Not Acceptable) 2155 EXECUTIVE ROAD WINTER HAVEN FL 33884 Zip Code FL 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 when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD TITLE Change ☐ Addition TITLE ☐ Delete VANSTEENBURG, MIKE NAME NAME STREET ADDRESS 2155 EXECUTIVE ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Change ☐ Addition TITLE ☐ Delete TITLE VANSTEENBURG, VICKI C NAME STREET ADDRESS STREET ADDRESS 2155 EXECUTIVE ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 Change Addition ☐ Delete TITLE WATERS - ANTHONY -NAME -STREET ADDRESS STREET ADDRESS 2155 EXECUTIVE ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-7/E

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

MIKE VAN STEEMS 3

Daytime Phone #

☐ Change

Addition