

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040659

1. Entity Name

SUNBELT SERVICE CORP.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90091 006 \*\*\*158.75

Principal Place of Business

Mailing Address

2190 SE FEDERAL HWY 1  
STE 4  
STUART FL 34997

5375 SE SERENOA TERR  
HOBE SOUND FL 33455-6113

2. Principal Place of Business

3. Mailing Address

7190 SE FEDERAL HWY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 4

City & State

City & State

STUART FL

Zip

Country

Zip

Country

34997

MARTIN

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC GARRY, JO ANN  
5375 SE SERENOA TER  
HOBE SOUND FL 33455

Name

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

City

FL

Zip Code

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 ☐ Delete  
NAME C  
STREET ADDRESS MC GARRY, STEPHEN  
CITY-ST-ZIP 220 HIBISCUS ST  
JUPITER FL 33458

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

TITLE ☐ Delete  
NAME MDP  
STREET ADDRESS MC GARRY, JO ANN  
CITY-ST-ZIP 220 HIBISCUS ST  
JUPITER FL 33458

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-00

561-283-9004

CR2E034 (9/99)