

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90035 044 ***158.75

0315207

DOCUMENT # P96000040659

1. Entity Name

SUNBELT SERVICE CORP.

Principal Place of Business

**7190 SE FEDERAL HWY 1
STE 4
STUART FL 34997**

Mailing Address

**5375 SE SERENOA TERR
HOBE SOUND FL 33455**

2. Principal Place of Business

**5375 SE SERENOA TER
Suite, Apt. #, etc.**

3. Mailing Address

**PO BOX 1235
Suite, Apt. #, etc.**

City & State

HOBE SOUND FL

City & State

HOBE SOUND FL 33478-1235

Zip

33455

Country

MARTIN

Zip

33478-1235

Country

MARTIN

4. FEI Number

65-0676875

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 **JO ANN MCGARRY**

Signature, typed or printed name of registered agent and title if applicable.

Jo Ann McGarry

(NOTE: Registered Agent signature required when reinstating)

4-9-01

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Jo Ann McGarry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

Date

561 223-6490

Daytime Phone #

CR2E034 (10/00)