2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067721

1. Entity Name
ORTIZ'S SERVICE CENTER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 AM 9:25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3403 SOUTH US HWY ONE FT. PIERCE FL 34982 US	3403 SOUTH US HWY ONE FT. PIERCE FL 34982 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0710271 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, ANTHONY
3403 SOUTH US HWY ONE
FT. PIERCE FL 34982

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 ____________________
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 BY ... FEE ... After September 1, 2001 Fee will be $..., 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	DP	☐ Delete
NAME	ORTIZ, ANTHONY	
STREET ADDRESS	3403 SOUTH US HWY ONE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	VTSD	☐ Delete
NAME	ORTIZ, BARBARA	
STREET ADDRESS	3403 SOUTH US HWY ONE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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	600004614536--7	
STREET ADDRESS	-09/27/01--01099--008	
CITY-ST-ZIP	****550.00 ****550.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: B. Ortiz 9/18/01 561-465-2995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #