

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90097 007 ***150.00

800894



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000101336

1. Entity Name

ROMAR SERVICES, INC.

Principal Place of Business

Mailing Address

704 S 9TH ST
 JACKSONVILLE BEACH FL 32250

704 S 9TH ST
 JACKSONVILLE BEACH FL 32250-4230
 US

2. Principal Place of Business

700 S 9TH ST
 Suite, Apt. #, etc.

3. Mailing Address

700 S 9TH ST
 Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL 32250

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

FLORIDA

Zip

32250

Country

FLORIDA

4. FEI Number

59-3426170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 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

TITLE **PSTD** ☐ Delete
 NAME **TURNER, ROBERT R**
 STREET ADDRESS **1113 RANNIE STREET**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Robert R. Turner* **ROBERT R. TURNER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 **904 247 6668**
 Date Daytime Phone #

CR2E034 (9/99)