

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001296

1. Entity Name

REPORT PICK UP SERVICE, INC. TAMPA

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90066 037 \*\*\*150.00

Principal Place of Business

15441 SONORA DR.  
SPRING HILL FL 34609

Mailing Address

15441 SONORA DR.  
SPRING HILL FL 34609-0644

2. Principal Place of Business

15441 SONORA DR.

Suite, Apt. #, etc.

15441

3. Mailing Address

15441 Sonora Dr

Suite, Apt. #, etc.

Spring Hill, FL

City & State

SPRING HILL FL

Zip

34609

Country

Hernando

City & State

Spring Hill, FL

Zip

34609

Country

Hernando

4. FEI Number

59-3428939

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKLEY, GUY  
15441 SONORA DR.  
SPRING HILL FL 34609

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

*Guy Markley*

Signature, typed or printed name of registered agent and date 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 ☐ Delete

DPT  
MARKLEY, GUY  
15441 SONORA DR.  
SPRING HILL FL 34609

TITLE ☐ Delete

DVS  
MARKLEY, ENID  
15441 SONORA DR.  
SPRING HILL FL 34609

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

*Guy Markley* - GUY MARKLEY 4/21/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-754-9867

Daytime Phone #

CR2E034 (9/99)