

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007890

1. Entity Name

SVS PROPERTIES INC.

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

04-18-2000 90059 003 ***150.00

Principal Place of Business

3344 BROOKFIELD DRIVE
HOLIDAY FL 34691

Mailing Address

3344 BROOKFIELD DRIVE
HOLIDAY FL 34652-4462

2. Principal Place of Business

5001 Marlin Dr.

3. Mailing Address

5001 Marlin Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34652

Country

U.S.A.

Zip

34652

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOYK, SCOTT V
3344 BROOKFIELD DRIVE
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

Scott Van Scoyk

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

5001 Marlin Dr.

City

New Port Richey

FL

Zip Code

34652

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-00

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	PD	<input type="checkbox"/> Delete
NAME	VAN SCOYK, SCOTT	
STREET ADDRESS	3344 BROOKFIELD DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VAN SCOYK, JOANNE	
STREET ADDRESS	3344 BROOKFIELD DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Van Scoyk	
STREET ADDRESS	5001 Marlin Dr.	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joanne Van Scoyk	
STREET ADDRESS	5001 Marlin Dr.	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-00 727-846-0994

CR2E034 (9/99)