## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## **FILED** DOCUMENT # P97000013107 Jan 19, 2000 8:00 am **Secretary of State** THE SERVICE CENTER AT JEWFISH CREEK, INC. 01-19-2000 90097 046 \*\*\*150.00 Principal Place of Business Mailing Address 90900 OVERSEAS HIGHWAY 90800 OVERSEAS HIGHWAY **TAVERNIER FL 33070-2420** TAVERNIER FL 33070 3. Mailing Address 2. Principal Place of Business <u>P.O. Box</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. AMILY Applied For City & State 4. FEI Number 65-0750965 Not Applicable KE > ARGO Country \$8.75 Additional .5. Certificate of Status Desired Fee Required MONRO 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Change ☐ Addition Delete TITLE PAPINEAU ALFRED HWY PAPINEAU, ALFRED NAME STREET ADDRESS STREET ADDRESS 90800 OVERSEAS HIGHWAY KEY LARGO, FL 33037 CITY-ST-ZIP CITY-ST-ZIP **TAVERNIER FL 33070** ☐ Addition PAPINEAU, CLAIR 107900 OVERSEAS HWY Delete TITLE VSD TITLE VSD NAME NAME PAPINEAU. CLAIRE STREET ADDRESS STREET ADDRESS 90800 OVERSEAS HIGHWAY CITY-ST-ZIP KEY LARGO, FL CITY-ST-ZIP **TAVERNIER FL 33070** ☐ Addition -- -- Delete TITLE -TITLE --- -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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