

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90027 004 ***150.00

DOCUMENT # P97000013107

1. Entity Name

THE SERVICE CENTER AT JEWFISH CREEK, INC.

Principal Place of Business

**107900 OVERSEAS HWY
 KEY LARGO FL 33037**

Mailing Address

**P.O. BOX 3193
 KEY LARGO FL 33037**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0750965**

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, 2001 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** ☐ Delete
 NAME **PAPINEAU, ALFRED**
 STREET ADDRESS **107900 OVERSEAS HWY**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **VSD** ☐ Delete
 NAME **PAPINEAU, CLAIR**
 STREET ADDRESS **107900 OVERSEAS HWY**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **KENNETH PAPINEAU**
 STREET ADDRESS **87200 OVERSEAS HWY**
 CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **SUSAN LEBLANC**
 STREET ADDRESS **87200 OVERSEAS HWY**
 CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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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: *Claire L. Papineau* **VICE PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CLAIRE L. PAPINEAU** 1-16-2001 305-451-9955
 Date Daytime Phone #

CR2E034 (10/00)