

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90167 010 ***550.00

DOCUMENT # P97000021648

1. Entity Name

REPORT PICK UP SERVICE, INC.-HOLLYWOOD

Principal Place of Business

**18260 MEDITERRANEAN BLVD.
 #906
 MIAMI FL 33015-5700**

Mailing Address

**P.O. BOX 171210
 MIAMI FL 33017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3442491**

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 R III
 17832 NW 63RD CT.
 MIAMI FL 33015**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
 NAME **MARKLEY, GUY R III**
 STREET ADDRESS **17832 NW 63RD CT.**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☒ Change ☐ Addition
 NAME **DVS**
 STREET ADDRESS **MARKLEY, DELCAROL**
 CITY-ST-ZIP **18260 MEDITERRANEAN BLVD.**

TITLE **DVS** ☒ Delete
 NAME **MARKLEY, DELCAROL**
 STREET ADDRESS **6456 SW 28TH ST.**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Change ☐ Addition
 NAME **#906**
 STREET ADDRESS **MIAMI, FL. 33015**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 #

CR2E034 (4/02)