## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P97000036604 **DOCUMENT #**

1. Entity Name



## **FILED** Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90061 005 \*\*\*150.00

CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         NAME         NAME         Addition	וטטואנ	ERVICES, INC.								
Suite. Apt #, etc.  Suite. Apt #, etc.  Suite. Apt #, etc.  Suite   City & State   City & Cit	960 E. LAKE RD BARTOW FL 33830		960 E. LAKE RD Bartow FL 33830							
City & State  Country  S. Certificate of Satus Desired  Se. The above named and Address of Current Registered Agent  THORNBERRY, DOUGLAS D JR  Sign Address of Current Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept this obligations of eigistered agent.  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept this obligations of eigistered agent.  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The Low of the Mark State of Florida. I am femiliar with, and accept this obligation of eigistered agent.  Intelligence of the Mark State of Florida Department of State  Note: Registered agent, or both, in the State of Florida. I am femiliar with, and accept this obligation of eigistered agent.  Intelligence of the Mark State of Florida Department of State  Intelligence of the Mark State of Florida Department of State  OFFICERS AND DIRECTORS IN 11  THE NOWE STREET ADDRESS  OTH 5-12 P  THORNBERRY, JOYCE M  STREET ADDRESS  OTH 5-12 P  THE NOWE  STREET ADDRESS  OTH 5-12	2. Principal f	Place of Business	3. Mailing Address				<b>2</b> 111 <b>6 5</b> 111 <b>5 5 18</b>	# 1441 <b>1                                </b>		
Second Country   Zip   Country   Zip   Country   S. Certificator of Status Desired   S8.75 Additional   S8	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERI	E IF MAKIN	G CHANGES	3		
Se. To Auditional Preserved Agent  THORNBERRY, DOUGLAS D JR 990 E LAKE RD BARTOW FL 33830  City FL Zip Code  The above rained entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  The Now!!! FEE IS 1150.00  After May 1, 2003 Fee will be 5550.00  Make Check Payable to Florida Department of State  10.	City & State		City & State		4. FEI Number 59-3447414	1	<del></del>			
S. Name and Address of Current Registered Agent THORNBERRY, DOUGLAS D JR 990 E. LAKE RD BARTOW FL 33830  City FL Zip Code  S. 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. Fam familiar with, and accept the obligations of registered agent.  SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THORNBERRY, DOUGLAS D JR SIRET ADDRESS  OITY-ST-ZIP  THORNBERRY, DOYCE M SIRET ADDRESS  OITY-ST-ZIP  THORNBERRY, DOYCE M SIRET ADDRESS  OITY-ST-ZIP  THE SIRET ADDRESS  OITY-ST-ZIP  THE MAKE SIRET ADDRESS  OITY-ST-ZIP  THE	Zip	Country	Zip	Count	try	5. Certificate of Status Desired		\$8.75 Ac	dditional ,	
HORNBERRY, DOUGLAS D JR 960 E. LAKE RD 8ARTOW FL 33830  Chy FL Zip Code  C		6. Name and Address of Curren	t Registered Agent			7. Name and Address of New	Registered	•		
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Signature, placed primes name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	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.									
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12. Thereby certify that the information supported with this filling does of qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos J further certify that the information	1	ertify that the information auna (Actual)	this filing does $A = -0.5 \cdot 5 \cdot 0.01$		<del>,,,</del>	440 07/0/0 Ft				

indicated on this report or supplemental peoprt 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 of the receiver or trustee employer extremely a required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changes, or on an alternment with an address, with all original keympowered.

SIGNATURE: