

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057468

1. Entity Name

SERVICE CONSULTANTS, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90051 003 \*\*\*150.00

Principal Place of Business

6560 CAPITAL CIR NE  
D  
TALLAHASSEE FL 32308  
US

Mailing Address

P.O. BOX 12961  
TALLAHASSEE FL 32308  
US

2. Principal Place of Business

6560 Capital Cir NE  
Suite, Apt. #, etc.  
D

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Tell. FL 32308

City & State

Zip

Country

32308

US

Zip

Country

4. FEI Number

59-3464041

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME KEITH, PAUL  
STREET ADDRESS 6560 CAPITAL CIR NE  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Keith

04/30/01

Date

Daytime Phone #

309-1530  
820-668-4902

CR2E034 (10/00)