

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90300 038 ***150.00

0076005

DOCUMENT # P97000063456

1. Entity Name

SERVITUR, 1NC.

Principal Place of Business

Mailing Address

1932 OLE HERITAGE DR.
 SUITE 19201
 ORLANDO FL 32839

1932 OLE HERITAGE DR.
 SUITE 19201
 ORLANDO FL 32839

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 **59-3460456**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OVADIA, ELIAS

~~6500 GONROY ROAD STE 110~~
 ORLANDO FL 32835

Name

ELIAS OVADIA

Street Address (P.O. Box Number is Not Acceptable)

1932 Ole Heritage Dr
Suite 19201

City

Orlando

FL

Zip Code

32839

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

Elias Ovadia

Signature, typed or printed name of registered agent and title if applicable.

ELIAS OVADIA

(NOTE: Registered Agent signature required when reinstating)

1-22-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input checked="" type="checkbox"/>
	OVADIA, ELIAS	6500 GONROY ROAD STE 110	ORLANDO FL 32835	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	OVADIA, ELIAS	1932 OLE HERITAGE DR, STE 19201	ORLANDO, FL 32835		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Elias Ovadia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-01 (407) 504-9138

Daytime Phone #

CR2E034 (10/00)