

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90130 037 ***158.75

00000001

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000002211

1. Entity Name

Federated Capital Service, Inc.

Principal Place of Business

Mailing Address

13498 Walsingham Road
 Largo, FL 33774

2. Principal Place of Business

13498 Walsingham Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Largo, FL

City & State

4. FEI Number

59-3527412

Applied For

Not Applicable

Zip

Country
 USA

Zip

Country

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

Michael Rodetsky
 13498 Walsingham Road
 Largo, FL 33774

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, 2000 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-STATE-ZIP	President-Director Michael Rodetsky 13498 Walsingham Road Largo, FL 33774	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President-Director Gloria Rodetsky 13498 Walsingham Road Largo, FL 33774	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director Craig Rodetsky 13498 Walsingham Road Largo, FL 33774	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director Ellen Petracco 13498 Walsingham Road Largo, FL 33774	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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:

Ellen Petracco 5/1/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)