

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027809

1. Entity Name

ALTERNATIVE DISPOSITION SERVICES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90146 023 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 1857  
BRONSON FL 32621

P.O. BOX 1857  
BRONSON FL 32621-1857

2. Principal Place of Business

PO Box 1857

3. Mailing Address

PO Box 1857

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bronson Fla.

City & State

Bronson Fla.

4. FEI Number

59-3499342

Applied For

Not Applicable

Zip

32621

Country

USA

Zip

32621

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNDERWOOD, M. JANN  
295 S. CT. ST.  
BRONSON FL 32621

7. Name and Address of New Registered Agent

Name

Underwood, M. Jann

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

380 South Court Street

City

Bronson

FL

Zip Code

32621

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 *M. Jann Underwood*

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS UNDERWOOD, STANLEY R  
CITY-ST-ZIP 380 SO. COURT STREET  
BRONSON FL 32621

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS UNDERWOOD, JANN  
CITY-ST-ZIP 380 SO. COURT STREET, P.O. BOX 1857  
BRONSON FL 32621

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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

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: *M. Jann Underwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00  
Date

Daytime Phone #