

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000041551**

1. Entity Name

**SERVICE CONTRACT COMPANY, INC.****FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90036 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address

**% RUSSELL ALLEN**      **% RUSSELL ALLEN**  
**PO BOX 1369**      **PO BOX 1369**  
**THONOTOSASSA FL 33592-1369**      **THONOTOSASSA FL 33592-1369**

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 **59-3511605**      ☐ Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ALLEN, RUSSELL**  
**8512 MISTY RIVER COURT**  
**TAMPA FL 33637**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, C F</b>	
STREET ADDRESS	<b>8512 MISTY RIVER CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33637</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, RUSSELL</b>	
STREET ADDRESS	<b>8512 MISTY RIVER CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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: Faye Allen / Faye Allen / President      1/3/01      813-982-9195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #