

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072053

1. Entity Name
MAID-2-SERVE, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90113 036 ***150.00

Principal Place of Business

2464 RIVER BEACH DR
NAPLES FL 34104

Mailing Address

2464 RIVER BEACH DR
NAPLES FL 34104

2. Principal Place of Business

2464 RIVER REACH DR.

Suite, Apt. #, etc.

3. Mailing Address

2464 RIVER REACH DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

4. FEI Number 65-0855188

Applied For

Not Applicable

Zip

34104

Country

U.S.A.

Zip

34104

Country

U.S.A.

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

SMITH, JOVANNA V
2464 RIVER REACH DR.
NAPLES FL 34104

Name

JOVANNA V. SMITH

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

2464 RIVER REACH DRIVE

City

NAPLES

FL

Zip Code

34104

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 *Jovanna V. Smith*

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

(NOTE: Registered Agent signature required when reinstating)

01/30/01

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	Change	Addition
P	SMITH, JOVANNA V	2464 RIVER BCH DR	NAPLES FL 34104	<input checked="" 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"/>
				<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:

Jovanna Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01

Date

(941) 643-2926

Daytime Phone #

CR2E034 (10/00)