

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077475

1. Entity Name

UNITED SERVICE BUREAU, INC.

FILED

Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90220 019 ***558.75

Principal Place of Business

2424 W. OAKLAND PARK BLVD., 2ND. FLOOR
FT. LAUDERDALE FL 33311
US

Mailing Address

2424 W. OAKLAND PARK BLVD., 2ND. FLOOR
FT. LAUDERDALE FL 33311
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0863777

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NEEDLE, JEFFREY
2424 W. OAKLAND PARK BLVD., 2ND. FLOOR
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name Jeffrey J. Needle, P.A.
Street Address (P.O. Box Number is Not Acceptable) 1925 South Perimeter Road
Suite 135
City Fort Lauderdale **FL** Zip Code 33309

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

X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

K

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **FUSSELL, LYMAN**
STREET ADDRESS **2424 W. OAKLAND PARK BLVD., 2ND. FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **D** ☒ Delete
NAME **LUGGARY, STEVE**
STREET ADDRESS **2424 W. OAKLAND PARK BLVD., 2ND. FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **D** ☐ Delete
NAME **BARTLEY, A.M.**
STREET ADDRESS **2424 W. OAKLAND PARK BLVD., 2ND. FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **D** ☐ Delete
NAME **DEINEMA, STEPHEN**
STREET ADDRESS **2424 WEST OAKLAND PARK BLVD., 2ND FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

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 **P/O Director** ☒ Change ☐ Addition
NAME **Lyman Fussell**
STREET ADDRESS **2424 W. Oakland Park Blvd. 2nd Floor**
CITY-ST-ZIP **Ft Lauderdale, FL 33311**

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

TITLE **V/O** ☐ Change ☐ Addition
NAME **A.M. Bartley**
STREET ADDRESS **2424 West Oakland Park Blvd, 2nd Floor**
CITY-ST-ZIP **Ft Lauderdale, FL 33311**

TITLE **V/O** ☐ Change ☐ Addition
NAME **Stephen Deinema**
STREET ADDRESS **2424 West Oakland Park Blvd, 2nd Floor**
CITY-ST-ZIP **Ft Lauderdale, FL 33311**

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: Lyman Bartley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

Date

954-485-2480

Daytime Phone #

CR2E034 (5/00)