

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90018 011 ***150.00

DOCUMENT # P98000085232

1. Entity Name

STATEWIDE DEVELOPMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**4802 E. BUSCH BLVD., STE. 202
TAMPA FL 33617**

**4802 E. BUSCH BLVD., STE. 202
TAMPA FL 33617-6012**

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 **59-3535931**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOTS, JIMMY E
4809 E. BUSCH BLVD., STE. 202
TAMPA FL 33617**

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

Jimmy E Coats

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-00

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-ST-ZIP
**PSTD
COOTS, JIMMY E
8056 DEERWOOD CIR.
TAMPA FL 33610** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JIMMY E COOTS
8056 DEERWOOD CIR
TAMPA FL 33610** ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
DEBRA A. DABNEY
14601 TURK CREEK CIR. #805
EUTE, FL. 33549** ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
EDWARD R. HILLS
156 LBLA WOOD
NASHVILLE, TENN. 37209** ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
JIMMY E. COOTS
8056 DEERWOOD CIR.
TAMPA, FL. 33610** ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
THOMAS C. HILLS, SR.
5805 NORTH 20TH ST.
TAMPA, FL. 33610** ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
DEBRA A. DABNEY
14601 TURK CREEK CIR. #805
EUTE, FL. 33549** ☐ Change ☒ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jimmy E Coats

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00 (813) 899-265

Date

Daytime Phone #