## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000087125

1. Entity Name

FAMILY OWNED SERVICE COMPANY, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90943 027 \*\*\*150.00

Principal Place of Business 1190 S. BROAD ST. BROOKSVILLE FL 34601				Mailing Address PO BOX 566 BROOKSVILLE FL 34605-0566								
2. Principal P	lace of Business	3. Mailing Address					1 15011001 117 10151 70111 <b>00</b> 111 00111	<b>18</b> 111 68181 1811	!			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4.	FEI Number 59-3543984	.,	_ <del>                                    </del>	plied For t Applicable	
Zip	C	ountry ·	Zip C			ountry		Certificate of Status Desired		8.75 Add		
	6. Name and	Registered Agent				7. Name and Address of New Registered Agent						
	· ·	· •			Name							
	I,  DARRYL W -	· <del>·············</del>			Street Address (P.O. Box Number is Not Acceptable)							
29 SOUTH BROOKSVILLE AVE												
BROOKSVILLE FL 34601											1	
					City	City FL Zip Code				)		
	named entity sub tions of registered		r the purp	ose of changing its	registere	d office or	registered a	gent, or both, in the State of Flori	da. I am fai	miliar with, a	and accept	
STGNATURE .	Signature, typed or prin	nted name of registered agent	and title if app	licable. (NOTE	Registered	Agent signatu	re required when	reinstating)	DATE	<del></del>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fina     Trust Fund Contribution.			0 May Be to Fees	
10.	i	OFFICERS AND	DIRECTO	RS	11.		Α	DDITIONS/CHANGES TO OFFIC	CERS AND D	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC Brewer, Bar P.O. Box 566 Brooksville			☐ Delete		I				□ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLOOK, JOHN 1190 S. BROA BROOKSVILLE	D ST.		Delete		I		_		Change	Addition	
	DST DERRYBERRY; P.O. BOX 500 BROOKSVILLE			Delete			SECI BRE P.D Reso	R/TRES. EWER YUON, BOX 566 OKSVILLE, Fl.	UE 3460	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brewer, C. P P.O. Box 566 Brooksville			☐ Delete					ı	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, YVO P.O. BOX 566 BROOKSVILLE			☐ Delete					ļ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERRYBERRY, P.O. BOX 566 BROOKSVILLE			☐ Delete		i				☐ Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all effect is empowered.

SIGNATURE

CTOR

1-6-02

362-796-499