

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90154 007 ***150.00

DOCUMENT # P98000090255

1. Entity Name

~~OUTSTANDING SERVICES, INC.~~

SALVATORE LAZZANO PA, INC.

DBA
Outstanding
Services

Principal Place of Business

Mailing Address

~~84 BLACK BEAR LANE~~
PALM COAST FL 32137

84 BLACK BEAR LANE
PALM COAST FL 32164-6294

2. Principal Place of Business

3. Mailing Address

188 ERIC DRIVE

188 ERIC DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM COAST, FL

City & State
PALM COAST, FL

4. FEI Number
65-0874082

Applied For
 Not Applicable

Zip
32164

Country
USA

Zip
32164

Country
USA

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

LAZZANO, SALVATORE
~~84 BLACK BEAR LANE~~
PALM COAST FL 32137

Name

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

188 ERIC DRIVE

City

PALM COAST

FL

Zip Code

32164

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAZZANO, SALVATORE 84 BLACK BEAR LANE PALM COAST FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 188 ERIC DR. Palm Coast, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAZZANO, CAROL 84 BLACK BEAR LANE PALM COAST FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 188 ERIC DR Palm Coast, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carol Lazzano VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 904 437-7737

CR2E034 (9/99)