

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State
 09-07-2000 90040 048 ***550.00

DOCUMENT # P98000095483

1. Entity Name
SERVICES OF SARASOTA, INC.

Principal Place of Business

**1645 REDWOOD ST
 SARASOTA FL 34231**

Mailing Address

**1645 REDWOOD ST
 SARASOTA FL 34231**

2. Principal Place of Business

7628 S. Tamiami TR.

Suite, Apt. #, etc.

3. Mailing Address

7628 S. Tamiami TR.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip
34231

Country
USA

City & State

SARASOTA, FL

Zip
34231

Country
USA

4. FEI Number

65-0883302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, NANCY L
 1645 REDWOOD ST
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **TAYLOR, NANCY L.**
 Street Address (P.O. Box Number is Not Acceptable)
7628 S. TAMIAMITR.
 City **SARASOTA** FL Zip Code **34231**

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 \$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 **PVST** ☐ Delete
 NAME **TAYLOR, NANCY L**
 STREET ADDRESS **1645 REDWOOD ST**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ Delete
 NAME **TAYLOR, NANCY L**
 STREET ADDRESS **1645 REDWOOD ST**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **PVST** ☒ Change ☐ Addition
 NAME **NANCY L. TAYLOR**
 STREET ADDRESS **7628 S. TAMIAMITR.**
 CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **D** ☒ Change ☐ Addition
 NAME **NANCY L. TAYLOR**
 STREET ADDRESS **7628 S. TAMIAMITR.**
 CITY-ST-ZIP **SARASOTA, FL 34231**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 persons empowered.

SIGNATURE:

NANCY L. TAYLOR

9-5-00

741-925-2892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)