

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000620

1. Entity Name

SERVICE MAX DELIVERY AND INSTALLATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90172 025 ***150.00

Principal Place of Business

Mailing Address

7585 SANDSTONE
NAVARRE FL 32566

7585 SANDSTONE
NAVARRE FL 32566-7639

2. Principal Place of Business

PO BOX 6004

3. Mailing Address

PO BOX 6004

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAVARRE FL

City & State

NAVARRE FL

4. FEI Number

59-3600439

Applied For

Not Applicable

Zip

Country

32566 USA

Zip

Country

32566 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

WHITEHEAD, R S
607 HIGHWAY 98 EAST
DESTIN FL 32541

Name

PERRY T. LOGAN

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

1859 CORAL ST

City

NAVARRE

FL

Zip Code

32566

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]

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

(NOTE: Registered Agent signature required when reinstating)

2/21/00

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P/T PERRY T. LOGAN
STREET ADDRESS		STREET ADDRESS	1859 CORAL ST
CITY-ST-ZIP		CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	V/S KATRINA L. LOGAN
STREET ADDRESS		STREET ADDRESS	1859 CORAL ST
CITY-ST-ZIP		CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

(950) 939-0892

Daytime Phone #

CR2E034 (9/99)