## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000010257**

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with

ECONO-SERVICE, INC.

Apr 17, 2000 8:00 am Secretary of State 04-17-2000 90121 011 \*\*\*150.00 Principal Place of Business Mailing Address 936B CLEVELAND STREET 936B CLEVELAND STREET CLEARWATER FL 34755 CLEARWATER FL 33755-4513 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. -DO NOT WRITE IN THIS SPACE 4. FEI Number 3555 334 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, SERGIO Street Address (P.O. Box Number is Not Acceptable) 320 ISLAND WAY #608 **CLEARWATER FL 33767** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change TITLE Delete TITLE RODRIGUEZ, SERGIO NAME NAME STREET ADDRESS 320 ISLAND WAY #608 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33767** ☐ Change ☐ Addition ☐ Defete TITLE TITLE RODRIGUEZ, OLAGUER NAME NAME 25350 U.S. 19NORTH APT. 349 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** ☐ Addition PLADSE DEMOVE ☐ Change TITLE TITLE Delete <del>rendon</del>lmaria C NAME STREET ADDRESS STREET ADDRESS 211 COLONIA NAVARETE, PITAGORAS CITY-ST-ZIP MEX.D.F. 0320 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP . Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 empoweled to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ke empowered.

OF SIGNING OFFICER OR DIRECTOR