

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011391

1. Entity Name

S.R.V., INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90290 050 ***150.00

Principal Place of Business

Mailing Address

101 S. COURTENAY PKWY.
MERRITT ISLAND FL 32952-4855

101 S. COURTENAY PKWY.
MERRITT ISLAND FL 32952-4863



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

760 N DRIVE Suite D

P.O. Box 500761

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Melbourne

Malabar

City & State

City & State

FL

FL

4. FEI Number

65-0947522

Applied For

Not Applicable

Zip

Country

32934

BREVARD

Zip

Country

32950

BREVARD

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

SPIELOVCEL, LEONARD
101 S. COURTENAY PKWY.
MERRITT ISLAND FL 32952-4855

Name

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

City

FL

Zip Code

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

TITLE D ☐ Delete
NAME ~~THELANDER-MALLEO, PATRICIA A.~~
STREET ADDRESS 768 N. DRIVE, STE. E & F
CITY-ST-ZIP MELBOURNE FL

TITLE ~~Patricia A.~~ ☒ Change ☒ Addition
NAME Thelander-Malleo, Patricia A.
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Michael A. Thelander, Jr.
STREET ADDRESS 1689 Palm Ridge Rd
CITY-ST-ZIP Melbourne, FL. 32935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Robert Rhoads
STREET ADDRESS 304 Brookedge St NE
CITY-ST-ZIP Palm Bay, FL. 32907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Patricia A. Thelander-Malleo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Thelander-Malleo

112 100

321-255-8296

Date

Daytime Phone #

CR2E034 (9/99)