

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000015031**

1. Entity Name

DISASTER SERVICES INC.**FILED****Feb 13, 2001 8:00 am
Secretary of State**

02-13-2001 90032 021 ***150.00

Principal Place of Business

**3675 S. WESTSIDE BLVD.
TAMPA FL 33629**

Mailing Address

**3675 S. WESTSIDE BLVD.
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3630307**

Applied For

Not Applicable

Zip Country

Zip Country

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****COLEMAN, MICHAEL P
2726 WITLEY AVE.
PALM HARBOR FL 34685**

Name

HENRY JOHN ALLAN

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

8244 26th AVENUE, NORTH

City

ST. PETERSBURG**FL**Zip Code
33710

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 **HENRY JOHN ALLAN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/06/019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$450.00
After MAY 1, 2001 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 **P** ☐ Delete
NAME **SPICOLA, MARK**
STREET ADDRESS **3675 S. WESTSHORE BLVD**
CITY-ST-ZIP **TAMPA FL 33629**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **MARK SPICOLA**
STREET ADDRESS **3675 S. WESTSHORE BLVD.**
CITY-ST-ZIP **TAMPA, FL. 33629**TITLE ☐ Change ☒ Addition
NAME **HENRY JOHN ALLAN**
STREET ADDRESS **8244 26th AVENUE, NORTH**
CITY-ST-ZIP **ST. PETERSBURG, FL. 33710**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **HENRY JOHN ALLAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/06/01**813 835 1445**

CR2E034 (10/00)