

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90085 022 \*\*\*150.00

**DOCUMENT # P99000015105**

1. Entity Name

**SHINGLE CARE DEALER SERVICES, INC.**

Principal Place of Business

~~519 CONROY ST~~  
~~ORLANDO FL 32805~~

Mailing Address

~~519 CONROY ST~~  
~~ORLANDO FL 32805~~

2. Principal Place of Business

**302 SO HAMPTON AVE**

3. Mailing Address

**302 SO HAMPTON AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

Zip

**32803 ORLANDO USA**

Zip

**FL 32803 USA**

4. FEI Number

**59-3565126**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RUCKER, RANDOLPH H**

~~3700 CURRY FORD ROAD, APT. 2-10~~  
~~ORLANDO FL 32806~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box, etc., not acceptable)

**302 SO HAMPTON AVE**

City

**ORLANDO**

**FL**

Zip

**32803**

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, 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

TITLE **P** ☐ Delete  
 NAME **RUCKER, RANDOLPH H**  
 STREET ADDRESS **519 CONROY STREET**  
 CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **302 SO HAMPTON AVE**  
 CITY-ST-ZIP **ORLANDO, FL 32803**

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

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

TITLE ☐ Change ☐ Addition  
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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:

**RANDOLPH H RUCKER** - RANDOLPH H RUCKER

Date

**3/5/01 407-823-7200**

Daytime Phone #

CR2E034 (10/00)

0064874