

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025815

1. Entity Name

SERVICE ZONE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90147 035 ***158.75

Principal/Place of Business

Mailing Address

2811 SAFE HARBOR DR
TAMPA FL 33618

2811 SAFE HARBOR DR
TAMPA FL 33618-4534

2. Principal Place of Business

10 BALSAM DRIVE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 3569

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

City & State

HOMOSASSA FL

4. FEI Number

59-356782

Applied For

Not Applicable

Zip

34446

Country

Zip

34446

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

HAYES, TIMOTHY
2811 SAFE HARBOR DR
TAMPA FL 33618

Name

HAYES, TIMOTHY

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

10 BALSAM DRIVE

City

HOMOSASSA

FL

Zip Code

34446

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 PSD ☐ Delete
NAME HAYES, TIMOTHY
STREET ADDRESS 2811 SAFE HARBOR DR
CITY-ST-ZIP TAMPA FL 33618

TITLE PSD ☒ Change ☐ Addition
NAME HAYES, TIMOTHY
STREET ADDRESS 10 BALSAM DRIVE
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE VTD ☐ Delete
NAME HAYES, SHARILYN
STREET ADDRESS 2811 SAFE HARBOR DR
CITY-ST-ZIP TAMPA FL 33618

TITLE VTD ☒ Change ☐ Addition
NAME HAYES, SHARILYN
STREET ADDRESS 10 BALSAM DRIVE
CITY-ST-ZIP HOMOSASSA, FL 34446

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

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: *Timothy Hayes* ELECTED TIMOTHY HAYES, PRESIDENT

4/11/2000 352-382-4015

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)