

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000025815

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: SERVICE ZONE, INC.

Current Principal Place of Business:

10 BALSAM DR
HOMOSASSA, FL 34446

New Principal Place of Business:

1152 SW BUSINESS POINT DRIVE
LAKE CITY, FL 32025 US

Current Mailing Address:

PO BOX 3569
HOMOSASSA, FL 34446

New Mailing Address:

3959 VAN DYKE ROAD #365
LUTZ, FL 33558 US

FEI Number: 59-3567082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, TIMOTHY
10 BALSAM DR
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

HAYES, SHARILYN
3959 VAN DYKE ROAD #365
LUTZ, FL 33558 US

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: SHARILYN HAYES

04/22/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HAYES, TIMOTHY
Address: 10 BALSAM DR
City-St-Zip: HOMOSASSA, FL 34446

Title: VTD () Delete
Name: HAYES, SHARILYN
Address: 10 BALSAM DR
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDSM (X) Change () Addition
Name: HAYES, SHARILYN
Address: 3959 VAN DYKE ROAD #365
City-St-Zip: LUTZ, FL 33558

Title: PD (X) Change () Addition
Name: HAYES, TIMOTHY
Address: 3959 VAN DYKE ROAD #365
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARILYN HAYES

CSD

04/22/2002

Electronic Signature of Signing Officer or Director

Date