

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90030 007 \*\*\*150.00

**DOCUMENT # P99000026290**

1. Entity Name

**STANDARD BUSINESS SERVICES INC.**

Principal Place of Business

**2770 NORTHEAST 29TH AVENUE  
 POMPANO BEACH FL 33064**

Mailing Address

**POST OFFICE BOX 29-1108  
 BOCA RATON FL 33429-1108**

2. Principal Place of Business

**6945 CALLE DEL PAZ**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL**

City & State

4. FEI Number **65-0906710**

Applied For

Not Applicable

Zip

**33431**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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, 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 **PSTD** ☐ Delete  
 NAME **CUNNINGHAM, EDWIN W**  
 STREET ADDRESS **2770 NORTHEAST 29TH AVENUE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Delete  
 NAME **CUNNINGHAM, EDWIN R**  
 STREET ADDRESS **2770 NORTHEAST 29TH AVENUE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6945 CALLE DEL PAZ**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWIN R. CUNNINGHAM**

DATE

**4/25/01**

DAYTIME PHONE #

**800 688 4414**

CR2E034 (10/00)