

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032814

1. Entity Name

DAVIT MASTER SERVICE CORPORATION

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90060 028 ***150.00

Principal Place of Business 11304 LAUREL CREST LANE TAMPA FL 33624	Mailing Address 11304 LAUREL CREST LANE TAMPA FL 33734-7371
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2. Principal Place of Business 1658 Gray Bark Dr. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 7371 Suite, Apt. #, etc.
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City & State Oldsmar, FL	City & State St. Petersburg, FL	4. FEI Number 59-3571502	Applied For Not Applicable
Zip 34677	Country Pinellas	Zip 33734	Country Pinellas



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DEABREU, CHERYL A 11304 LAUREL CREST LANE TAMPA FL 33624	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1658 Gray Bark Dr. City Oldsmar FL Zip Code 34677
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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 NAME STREET ADDRESS CITY-ST-ZIP	D DEABREU, CHERYL A 11304 LAUREL CREST LANE TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1658 Gray Bark Dr. Oldsmar, FL 34677
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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: Cheryl DeAbreu Cheryl DeAbreu 1-14-00 727-573-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #