

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

019649 AT

DOCUMENT # P99000035491

1. Entity Name
SERVICE 1ST HOUSING, INC.

08-20-2001 90069 046 ***550.00

Principal Place of Business
12418 US HWY 301
DADE CITY FL 33525

Mailing Address
P.O. BOX 276
ZEPHYRHILLS FL 33539



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3573577** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DWYER, JOHN A
38930 BUTTERFIELD LANE
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

Name **Deborah A. Gay**
 Street Address (P.O. Box Number is Not Acceptable)
12418 US Hwy. 301
 City **Dade City** **FL** Zip Code **33525**

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 **Deborah A. Gay** **7-6-01**
 Signature, typed or printed name of registered agent and title 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **GAY, DEBORAH A**
 STREET ADDRESS **4607 RYALS ROAD**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **D** ☐ Delete
 NAME **BUTTERFIELD, WAYNE C**
 STREET ADDRESS **38930 BUTTERFIELD LANE**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE ☐ Delete
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 CITY-ST-ZIP

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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
 CITY-ST-ZIP

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

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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: **Deborah A. Gay**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-01 **(352) 523-1998**
 Date Daytime Phone #

CR2E034 (5/01)