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## **2001 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIREC

## Mar 29, 2001 8:00 am DOCUMENT # P99000045109 **Secretary of State** 1. Entity Name SERVICOM, INC. 03-29-2001 90416 006 \*\*\*150.00 Principal Place of Business Mailing Address 1355 SOUTH VOLUSIA AV 1110 OUTLOOK DRIVE ORANGE CITY FL 32763 **DELTONA FL 32725** 00029745 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3632210 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHALETT & SHALETT Street Address (P.O. Box Number is Not Acceptable) 505 DELTONA BLVD SUITE 103 **DELTONA FL 32725** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ALVAREZ, HECTOR CR2E034 (10/00) TITLE ☐ Delete NAME LAVAREZ, HECTOR STREET ADDRESS STREET ADDRESS 1110 OUTLOOK DRIVE CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725-8329 TITLE ☐ Delete TITLE ☐ Addition NAME GAZZANI, NELLIE NAME STREET ADDRESS STREET ADDRESS 1110 OUTLOOK DRIVE -CITY-ST-ZIP CITY-ST-ZIP. .. DELTONA FL 32725-8329 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

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OUNTEANT TANA 14 JOHN H. BRIM CERTIFIED PUBLIC ACCOUNTANT Member: Florida Institute of 2425 South Volusia Ave., B2 Orange City, Florida 32763 Certified Public Accountants Phone: (904) 775-7909 Fax: (904) 775-8109 March 19, 2001 Mr. Hector Lavarez Servicom, Inc. 1110 Outlook Dr. Deltona, FL 32725-8329 Dear Mr. Lavarez: Enclosed is your 2001 Uniform Business Report. Please review the information contained in Boxes 6 and 11 for accuracy. Sign where indicated and mail in the enclosed envelope with your check for \$150 made payable to Department of State on or before May 1, 2001. After that date, the amount due is \$550; \$150 for the fee and a late penalty of \$400. Be sure to mark your calendar accordingly. Thank you for your attention to this matter. Sincerely, John-H.-Brim, C.P-A----P-A----Enclosures JHB/sh \$150 he we pour blo to Degenorator of a conservation of the second of th indicated and mat' in the enciosed savetege with your chear in-THEOREM TION OF SECURE OF THE PROPERTY OF A PROPERTY OF A SECURE OF THE PROPERTY OF THE PROPER