

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049068

1. Entity Name

KWIK SERV, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90108 027 ***150.00

Principal Place of Business

Mailing Address

8808 MATHOG DR.
RIVERVIEW FL 33569

8808 MATHOG DR.
RIVERVIEW FL 33569-5405

2. Principal Place of Business

3. Mailing Address

850 GULF BLVD

350 GULF BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Indian Rocks Beach FL

City & State
Indian Rocks Beach

4. FEI Number
59-3579813

Applied For
Not Applicable

Zip
33785

Country
Pinellas

Zip
33785

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRETT, CHARLES V ESQ.
307 S. FIELDING AVE.
TAMPA FL 33606

Name
H. Stratton Smith III
Street Address (P.O. Box Number is Not Acceptable)
611 W. Azeele St.

City
Tampa FL Zip Code
33606

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 *H. Stratton Smith III*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 3, 2000

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D RICE, STEVEN K	8808 MATHOG DR.	RIVERVIEW FL 33569	<input checked="" type="checkbox"/>
	PRES MOHAMED MOKHTAR	PO BOX 7220	SEMINOLE FL 33775	<input type="checkbox"/>
	CEO MICHAEL ANDERSON	606 McALLISTER AVE	SUN CITY, FL 33573	<input type="checkbox"/>
	SECT/Treas CHRISTIE J. BATNICK	19734. 76 AVE. N.	SEMINOLE, FL 33776	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

7-27-393-9208

CR2E034 (9/99)