

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90096 031 ***150.00

DOCUMENT # P99000052613

1. Entity Name

S.V.T. OF PALM BEACH COUNTY, INC.

Principal Place of Business

1915 ABBEY RD.
W. PALM BCH FL 33415

Mailing Address

1915 ABBEY RD.
W. PALM BCH FL 33415

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 **65-0926829**

Applied For

Not Applicable

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

TUCKER, STEVEN V
1915 ABBEY RD.
W. PALM BCH FL 33415

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TUCKER, STEVEN**
STREET ADDRESS **1915 ABBEY RD.**
CITY-ST-ZIP **W. PALM BCH FL 33415**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

9/6/02 964-3813

CR2E034 (4/02)

Attachment

SVT of Palm Beach County, Inc.

1915 Abbey Road

West Palm Beach, FL 33415

(561) 964-3813

871770

#P990000526B

Attn: Florida Department of State

September 6, 2002

To whom it may concern,

Please be advised that my business never received the 2002 Uniform Business Report until the second notice. I am the only person with keys to my mailbox and the only person that retrieves mail at his address. I am sending in the filing fees as stated in your frequently asked questions section, question #8. Please feel free to contact me if necessary.

Sincerely,

Steven V. Tucker

Steven V. Tucker