

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90201 016 ***150.00

DOCUMENT # P99000060088

1. Entity Name

R.S. SERVICE STATION INC.

DO NOT WRITE IN THIS SPACE

820150

2. Principal Place of Business

3040 W VINE ST

Suite, Apt. #, etc.

3. Mailing Address

3040 W VINE ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FL

Zip

34741

Country

U.S.

City & State

KISSIMMEE FL

Zip

34741

Country

U.S.

4. FEI Number

59-3584706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ETWANA RAVIN

Street Address (P.O. Box Number is Not Acceptable)

3040 W VINE STREET

City

KISSIMMEE

FL

Zip Code

34741

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTV
ETWANA RAVIN
3040 W VINE ST
KISSIMMEE FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)

ATTACHMENT

A+ Accounting, Inc.

DOC # P99000060088

Annual Renewal Reports

Mailing for the 29th

Certified Mailing

70011940000527172581

P00000060595

Company

Amount

Check #

820136

Win Imports, Inc.	\$150.00	3548
Zikri, Inc.	\$150.00	1025
Tuna Enterprises, Inc.	\$150.00	5235
S.S.L. 786, Inc.	\$150.00	2104
SL786, Inc.	\$150.00	1752
R.S. Service Station, Inc.	\$150.00	1325
Nodi Enterprises	\$150.00	3183
Mimi Trading, Inc.	\$150.00	1135
Medina Investments, Inc.	\$150.00	1153
Joana Nail & Skin Care, Inc.	\$150.00	1353
H. Quader Enterprises, Inc.	\$150.00	1492
Hamilton County Construction, Inc.	\$150.00	2321
Giniya International Corporation	\$150.00	1154
Commercial Plumbing Systems, Inc.	\$150.00	15684
A-Plus Accounting, Inc.	\$150.00	10355
A & K New York Pizza, Inc.	\$150.00	1345
A Bibe Enterprises, Inc.	\$150.00	1864