

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077232

1. Entity Name

BRUBARB SERVICES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90032 017 ***150.00

Principal Place of Business

7838 CANYON LAKE CIRCLE
ORLANDO FL 32835

Mailing Address

7838 CANYON LAKE CIRCLE
ORLANDO FL 32835-5369

2. Principal Place of Business

11460 W. Colonial Drive

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocoee, Florida

City & State

4. FEI Number

59-3596406

Applied For

Not Applicable

Zip

Country

34761 U.S.A.

Zip

Country

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

MARZLOFF, BARBARA ANN
7838 CANYON LAKE CIRCLE
ORLANDO FL 32835

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.

SIGNATURE BARBARA A. MARZLOFF

Barbara A. Marzloff

President

(NOTE: Registered Agent signature required when reinstating)

4/19/2000

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARZLOFF, BARBARA ANN**
CITY-ST-ZIP **7838 CANYON LAKE CIRCLE**
ORLANDO FL 32835

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Barbara A. Marzloff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000
Date

(407)292-1380
Daytime Phone #

CR2E034 (9/99)