

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23157

1. Entity Name

DEFORD'S SERVICE STATION, INC.

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90070 034 \*\*\*150.00

Principal Place of Business

8800 CHURCH STREET  
HASTINGS FL 32145

Mailing Address

P O BOX 43  
HASTINGS FL 32145  
US

2. Principal Place of Business

6415 CR 13 South

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hastings 71

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3043025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEFORD, KENNETH F., JR.  
8800 CHURCH STREET  
HASTINGS FL 32145

7. Name and Address of New Registered Agent

Name

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

6415 CR 13 South

City

Hastings

FL

Zip Code

32145

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

*Kenneth F. Deford Jr*

Kenneth F. Deford Jr President

03/08/01

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 \$150.00**  
**After MAY 1, 2001 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	DEFORD, KENNETH F., JR.	
STREET ADDRESS	8800 CHURCH ST.	
CITY-ST-ZIP	HASTINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KRONZ, CINTHIA D.	
STREET ADDRESS	8700A BARRELL FACTORY ROAD	
CITY-ST-ZIP	HASTINGS FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6415 CR 13 South	
CITY-ST-ZIP	Hastings 71 32145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Cynthia D. Kronz*

Cynthia D. Kronz

03/08/01

904-692-2616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)