

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S25417

1. Entity Name

WALL STREET SERVICES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90073 050 ***150.00

Principal Place of Business

Mailing Address

4300 S US HWY 1
SUITE 203
JUPITER FL 33477

4300 S US HWY 1
STE 203-115
JUPITER FL 33477-1198
US

2. Principal Place of Business

301 OCEAN BLUFFS BLVD.

3. Mailing Address

301 OCEAN BLUFFS BLVD

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

404

City & State

JUPITER FL. 33477

City & State

JUPITER FL.

Zip

33477

Country

USA

Zip

33477

Country

USA

4. FEI Number

93-1048559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABBRUZZESE, THEODORE V
4300 S US HWY 1
STE 203-115
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

ABBRUZZESE THEODORE V.

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

301 OCEAN BLUFFS BLVD. # 404

City

Jupiter

FL

Zip Code

33477

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

Theodore V. Abbruzzese

Theodore V. Abbruzzese

4/7/00

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS ABBRUZZESE, TED
CITY-ST-ZIP 301 OCEAN BLUFFS BLVD STE 404
JUPITER FL 33477

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS ABBRUZZESE, TED
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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:

Theodore V. Abbruzzese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

(561) 745-1151

Daytime Phone #

CRDEN24 (9/00)