

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S26499

1. Entity Name

SERVICE BUSINESS SOLUTIONS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90093 019 ***150.00

Principal Place of Business

4535 CR. 141
WILDWOOD FL 34785
US

Mailing Address

P O BOX 490477
LEESBURG FL 34749
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3043470

Applied For

Not Applicable

Zip

Country

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

CLEMENTS, ROBERT H.
914 SHORE ACRES DRIVE
LEESBURG FL 34748

Name

WALSTON, JOHN ORR

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

5627 SR 44

City

Wildwood FL

FL

Zip Code

34785

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)

☒

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CLEMENTS, ROBERT H
STREET ADDRESS 914 SHORE ACRES DR
CITY-ST-ZIP LEESBURG FL ☒ Delete

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

TITLE VP
NAME WALSTON, JOHN O
STREET ADDRESS 5627 E SR 44
CITY-ST-ZIP WILDWOOD FL 34785 ☒ Delete

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

TITLE S
NAME WALSTON, HATTIE
STREET ADDRESS 5627 E SR 4
CITY-ST-ZIP WILDWOOD FL 34785 ☐ Delete

TITLE S
NAME WARD, HATTIE
STREET ADDRESS 1008 CLARK AVE
CITY-ST-ZIP COLEMAN FL 33521 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

JOHN ORR WALSTON

4-30-01

Date

Daytime Phone #

CR2E034 (10/00)