

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90218 044 ***150.00

10065709

DO NOT WRITE IN THIS SPACE

DOCUMENT # S96210

1. Entity Name

SERVICE CENTER ASSOCIATES, INC.

Principal Place of Business

11224 INDIAN TRAIL
DALLAS, TX 75229
US

Mailing Address

P.O. BOX 29619
DALLAS, TX 75229-0619
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3094988

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWELL, FRED E.
3431 WORSHAM PL.
TITUSVILLE, FL 32780-5208

7. Name and Address of New Registered Agent

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

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	P	<input type="checkbox"/> Delete
NAME	GRIFTNER, WILLIAM V.	
STREET ADDRESS	11224 INDIAN TRAIL	
CITY-ST-ZIP	DALLAS TX 75229	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JENSEN, MICK	
STREET ADDRESS	8801 SOUTH 137TH CIRCLE	
CITY-ST-ZIP	OMAHA NE 68138	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, CHRIS	
STREET ADDRESS	1401 FREEDOM DRIVE	
CITY-ST-ZIP	CHARLOTTE NC 28208	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, RICHARD	
STREET ADDRESS	11A OLD WINDSOR ROAD	
CITY-ST-ZIP	BLOOMFIELD CT 06002	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, FRED E.	
STREET ADDRESS	3431 WORSHAM PL.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCORMICK, MARTY	
STREET ADDRESS	8801 SOUTH 137TH CIRCLE	
CITY-ST-ZIP	OMAHA NE 68138	

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:

Fred E. Howell

FRED E. HOWELL VICE PRESIDENT

04-24-01

1-800-255-9255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)