

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90165 039 ***150.00

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
US**

2. Principal Place of Business

2458 MERRITT DR

3. Mailing Address

2458 MERRITT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GARLAND TX

City & State

GARLAND TX

Zip

75041

Country

US

Zip

75041

Country

US

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, 2002 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 **PD** ☐ Delete
NAME **GRIFTNER, WILLIAM V**
STREET ADDRESS **11224 INDIAN TRAIL**
CITY-ST-ZIP **DALLAS TX 75229**

TITLE **D** ☐ Delete
NAME **WEISS, CHRIS**
STREET ADDRESS **1401 FREEDOM DRIVE**
CITY-ST-ZIP **CHARLOTTE NC 28208**

TITLE **D** ☐ Delete
NAME **WOOD, RICHARD**
STREET ADDRESS **11A OLD WINDSOR ROAD**
CITY-ST-ZIP **BLOOMFIELD CT 06002**

TITLE **VPS** ☐ Delete
NAME **HOWELL, FRED E**
STREET ADDRESS **3431 WORSHAM PL.**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **DVP** ☐ Delete
NAME **MCCORMICK, MARTY**
STREET ADDRESS **8801 SOUTH 137TH CIRCLE**
CITY-ST-ZIP **OMAHA NE 68138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

FRED E. HOWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-02
Date

501-321-4925
Daytime Phone #

CR2E034 (9/01)