

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00884

1. Entity Name

SVR CORP.

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90044 027 \*\*\*150.00

Principal Place of Business

886 110TH AVE. NO.  
NAPLES FL 34108

Mailing Address

886 110TH AVE. NO.  
STE 5  
NAPLES FL 34108-1876

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0304962

Applied For

Not Applicable

Zip

34108

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

NEALE, PATRICK H  
48 TEMPLEWOOD CT.  
MARCO ISLAND FL 33937

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	VAN RITE, SHARON	10285 WINTER VIEW DR.	NAPLES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	LUKAS, MARLENE	4315 SW 25TH PLACE	CAPE CORAL FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	CARSON, JOAN	2818 SW 40TH ST	CAPE CORAL FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	VAN RITE, TAMARA	6512 HUNTINGTON LAKES CIR	NAPLES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Sharon Van Rite*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-00

941-591-3323