

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 19, 2000 8:00 am
Secretary of State

04-20-2000 90090 019 ***150.00

DOCUMENT # V30528

1. Entity Name

SERVICES ETC., INC.

Principal Place of Business

2525 SAILORS WAY
 NAPLES FL 34104
 US

Mailing Address

P O BOX 2221
 NAPLES FL 34106-2221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0327062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MILLER, THOMAS A.
 P O BOX 2221
 NAPLES FL 34106

7. Name and Address of New Registered Agent

Name

Thomas A. Miller

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

2525 SAILORS WAY

City Naples

FL

Zip Code

34109

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 reinstalling)

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	D	<input type="checkbox"/> Delete
NAME	MILLER, THOMAS A.	
STREET ADDRESS	2525 SAILORS WAY	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

941-552-9877

Daytime Phone #

CR2E034 (9/99)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

April 27, 2000

SERVICES ETC., INC.
P O BOX 2221
NAPLES, FL 33939

Subject: **SERVICES ETC., INC.**

Reference Number: **V30528**

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE
CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE
DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JM

ANNUAL REPORTS SECTION

