UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90185 001 ***150.00

DOCUMENT # V70000

1. Entity Name
VOIGT'S SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
2934 E. TAMIAMI TR. NAPLES FL 34112	2934 E. TAMIAMI TR. NAPLES FL 34112

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0362283

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOIGT, ANTHONY
2934 E TAMIAMI TRAIL
NAPLES FL 34112

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature required if this is a name of a registered agent and the next date. NOTE: Registered agent signature required when reinstating.

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VOIGT, ANTHONY 2934 E. TAMIAMI TRAIL NAPLES, FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P/S VOIGT, VICTORIA 2934 E. TAMIAMI TRAIL NAPLES, FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VOIGT, ANTHONY, JR 2934 E. TAMIAMI TRAIL NAPLES, FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add

I affirm 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 10 or 11 above, or on an attachment with all other like empowered.

SIGNATURE: Anthony T. Voigt Jr. - ANTHONY T. VOIGT JR.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

ATTACHMENT

600379 21
#V70000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500