## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # K02993

1. Entity Name

K & M MAINTENANCE SERVICES, INC.

	(/	
33073		

FILED	
May 02, 2003 8:00 am	Ì
Secretary of State	

05-02-2003 90100 008 \*\*\*150.00

Principal Place of Business 4421 NW 69TH PLACE COCONUT CREEK FL 33073 US		Mailing Address 4421 NW 69TH PLACE COCONUT CREEK FL 33073 US										
2. Principal Place of Business		3. Mailing Address								*****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Stat	е	City & State			4.	4. FEI Number 58-1793944					oplied For ot Applicable	
Zip	Country	Zíp	Coun	try	5.	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						ent		
		• -		Name								
	Kenneth 17th Avenue		Street Address (			(P.O. Box Number is Not Acceptable)						
CORAL SE	PRINGS FL 33071											
				City Co	conur	CRE	EK		FL	Zip Code 33°73		
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registere	ed office or re	egistered a	gent, or bo	oth, in the St	ate of Florida.	I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable, (NOT	E: Registered	d Agent signature	required when	reinstating)			DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State					lection Cam rust Fund Co	paign Financir ontribution.	ng 🗆		May Be i to Fees	
10.	OFFICERS AND	DIRECTORS	11.		Al	DDITIONS	/CHÁNGES	TO OFFICER	S AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINUCAN, KENNETH 260 NW 117TH AVENUE CORAL SPRINGS FL	NW 117TH AVENUE			4421	421 NW 69TH PLACE COCONUT CREEK FL 3					Addition	
TITLE '	CONAL SPRINGO I E		TITLE		200	onut	accu	C / L		3073 Change	Addition	
NAME	;	. Delete		· E					_	Onlings	□ Yourion	
STREET ADORESS CITY-ST-ZIP	S		STRE	ET ADDRESS - ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA ST					-		a up		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			, -	-			Ċ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 1							] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vertify that the information supplied with	☐ Delete	CITY-	ET ADORESS ST-ZIP	d in Continu	110.07(0)	/i\ Electric S	tahutan 16 mili		Change	Addition	

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

954-422-7333

Daytime Phone #

8