

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90203 039 \*\*\*150.00

**DOCUMENT # P38719**

1. Entity Name

**MAINTENANCE WAREHOUSE/AMERICA CORP.**

Principal Place of Business

P. O. BOX 85838  
 SAN DIEGO CA 92186

Mailing Address

P. O. BOX 85838  
 SAN DIEGO CA 92186

2. Principal Place of Business

P.O. Box 509055  
 Suite, Apt. #, etc.

San Diego, CA 92150-9055  
 City & State

3. Mailing Address

P.O. Box 509055  
 Suite, Apt. #, etc.

San Diego, CA 92150-9055  
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **75-2007383**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (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, 2001 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	VP <b>BROWN, MICHAEL</b> <b>5505 MOREHOUSE DR</b> <b>SAN DIEGO CA 92121</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>TURK, RONALD</b> <b>5505 MOREHOUSE DRIVE, #300</b> <b>SAN DIEGO CA 92121</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <b>SMITH, LAWRENCE A</b> <b>5505 MOREHOUSE DRIVE, #300</b> <b>SAN DIEGO CA 92121</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MARMON, LAWRENCE J</b> <b>5505 MOREHOUSE DRIVE, #300</b> <b>SAN DIEGO CA 92121</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TOME, CAROL B</b> <b>5505 MOREHOUSE DRIVE, #300</b> <b>SAN DIEGO CA 92121</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DAY, MARSHALL L</b> <b>5505 MOREHOUSE DRIVE, #300</b> <b>SAN DIEGO CA 92121</b>	<input checked="" type="checkbox"/> Delete

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

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: Carol Tome 1/17/01 (858) 831-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)