

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90045 007 \*\*\*150.00

**DOCUMENT # S88785**

1. Entity Name  
**FLORIDA MAINTENANCE SERVICES, INC.**

Principal Place of Business      Mailing Address

1860 CANOVA ST.  
 PALM BAY FL 32409  
 US

P.O. BOX 100247  
 PALM BAY FL 32910-0247  
 US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3098837**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COLAIACOMO, PHILIP M JR.**  
**596 GIEGER CT NW**  
**PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name **Philip Colaiacomo**  
 Street Address (P.O. Box Number is Not Acceptable) **256 JARD ST NE**  
 City **Palm Bay FL 32907 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]* **Phil Colaiacomo**      DATE **7/18/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	DP COLAIACOMO, PHIL 596 GEIGER CT. NW PALM BAY FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Phil Colaiacomo 256 JARD ST NE PALM BAY FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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

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]* **Phil Colaiacomo**      Date **7-18-00**      Daytime Phone # **321-729-8049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOC # S88785

B0103711

July 13, 2000

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

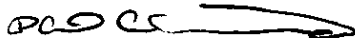
Re: Florida Maintenance Services Inc.  
Document Number S88785

To Whom It May Concern:

Enclosed please find our check in the amount of one hundred fifty dollars (\$150.00) for filing fees for the year 2000.

We are requesting that you abate the Four hundred dollar (\$400.00) penalty for filing late, as this is the first notice that we have received.

We thank you in advance for your consideration.



Phil Colaiacomo  
President