

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69486

1. Entity Name

TOTAL MAINTENANCE BUILDING SERVICES, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90051 045 ***150.00

Principal Place of Business

Mailing Address

10357 IRONWOOD ROAD
 PALM BEACH GARDENS FL 33410
 US

10357 IRONWOOD ROAD
 PALM BEACH GARDENS FL 33410
 US

642206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0428580

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GALBRAITH, FRANCIS
 5260 COURTEN RD COUNTERPLAY ROAD
 PALM BEACH GARDENS FL 33418

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

Signature, typed or printed name of registered agent and title if applicable.

(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 VD ☒ Delete
 NAME HANLET-GALBRAITH, NADINE
 STREET ADDRESS 10357 IRONWOOD ROAD
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE PD ☐ Change ☐ Addition
 NAME HANLET-GALBRAITH, NADINE
 STREET ADDRESS 10357 IRONWOOD ROAD
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE STD ☐ Delete
 NAME GALBRAITH, FRANCIS A.
 STREET ADDRESS 10357 IRONWOOD ROAD
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☒ Delete
 NAME GALBRAITH, BETTYE N.
 STREET ADDRESS 5260 COUNTERPLAY RD.
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE VD ☐ Change ☐ Addition
 NAME GALBRAITH, BETTYE N.
 STREET ADDRESS 5260 COUNTERPLAY ROAD
 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE VP ☐ Delete
 NAME GALBRAITH, EDWARD J
 STREET ADDRESS 10357 IRONWOOD ROAD
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

F.A. GALBRAITH Secretary

Date

Daytime Phone #

4/13/01

5618442744

CR2E034 (10/00)