FILED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 13, 2003 8:00 am § Secretary of State DOCUMENT # 766219 1. Entity Name 01-13-2003 90464 006 ****61.25 1204 MAINTENANCE CORPORATION, INC. Principal Place of Business Mailing Address 1204 NW 69TH TERR 1330 NORTH PENINSULA AVE STE C **NEW SMYRNA BEACH FL 32169 GAINESVILLE FL 32605** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2279437 Applied For Not Applicable Zip Country. Zip Country. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AVANT, HUGH B. Street Address (P.O. Box Number is Not Acceptable) 1330 NORTH PENINSULA AVENUE **NEW SMYRNA BEACH FL 32169** City 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 SIGNATURE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 ţ

\$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Addition NAME AVANT, HUGH B. NAME 5 STREET ADDRESS 1204 NW 69TH TERRACE STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL** E037 CITY-ST-ZIP ۷D TITLE ☐ Delete TITLE ☐ Change Addition SMITH, RICHARD L. NAME STREET ADDRESS 1204 NW 69TH TERRACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CiTY-ST-ZIP ☐ Delete TITLE Change ☐ Addition PALADINO, JAMES C. NAME STREET ADDRESS 1204 NW 69TH TERRACE STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL** CITY-ST-ZIP STD ☐ Delete TITLE ☐ Change ☐ Addition Jurecko, Kevin R. NAME NAME STREET ADDRESS 1204 NW 69TH TERRACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP