

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 288842

1. Entity Name
FLORIDA MAINTENANCE AND LUMBER CORP.

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90026 039 ***150.00

Principal Place of Business

4317 N. STATE ROAD #7
FT. LAUDERDALE FL 33319
→ 4329

Mailing Address

4317 N. STATE ROAD #7
FT. LAUDERDALE FL 33319
→ 4329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1086750

Applied For

Not Applicable

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

CORN, STEPHEN H

4317 N. STATE ROAD #7

FT. LAUDERDALE FL 33319

→ 4329

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, 2002 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 PD ☐ Delete
NAME CORN, STEPHEN
STREET ADDRESS 4317 N STATE ROAD 7
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE ☒ Change ☐ Addition
NAME 4329 N. State Rd 7
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ZAHLE, LESLIE
STREET ADDRESS 571 BINFORD CT-
CITY-ST-ZIP FREDERICK MD-

TITLE ☒ Change ☐ Addition
NAME 1995 Lancashire Dr.
STREET ADDRESS Potomac, MD 20854
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CASTER, MILTON
STREET ADDRESS 1131 N. LAKE DRIVE
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☒ Change ☐ Addition
NAME 4802 Casa Grande Way
STREET ADDRESS Delray Beach, FL 33446
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

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:

Stephen H. Corn, Pres.
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02

Date

954-484-2400

Daytime Phone #

CR2E034 (9/01)