

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90094 001 ****61.25

DOCUMENT # 704227

1. Entity Name

SECTION FOUR MAINTENANCE CORP., INC.

Principal Place of Business

Mailing Address

5920 NW 12TH ST #G
 SUNRISE FL 33313
 US

5920 NW 12TH ST #G
 SUNRISE FL 33313-6278
 US

820350



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

59-1022297

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LLOYD, STANLEY
 2812 N.W. 108TH AVE.
 SUITE D
 SUNRISE FL 33322

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, STANLEY	NAME	
STREET ADDRESS	2812 N.W. 108TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNADINE, LARONDE	NAME	
STREET ADDRESS	5920 N.W. 12TH, #H	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	CITY-ST-ZIP	
TITLE	ST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALME, SERGE	NAME	
STREET ADDRESS	5261 N.W. 14TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, VICTOR	NAME	
STREET ADDRESS	5920 NW 12TH ST D	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCITE, THOMAS	NAME	
STREET ADDRESS	5920 N.W. 12TH ST., #G	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, STANLEY	NAME	
STREET ADDRESS	2812 N.W. 108TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	CITY-ST-ZIP	

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stanley Lloyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)