

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

820350



DO NOT WRITE IN THIS SPACE

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

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

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

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

FILE NOW:
FEES 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	NAME	TITLE	NAME
P	LLOYD, STANLEY 2812 N.W. 108TH AVE. SUNRISE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	BERNADINE, LARONDE 5920 N.W. 12TH, #H SUNRISE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST	WALME, SERGE 5261 N.W. 14TH PLACE FT. LAUDERDALE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	CAMERON, VICTOR 5920 NW 12TH ST D FT LAUDERDALE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	LOCITE, THOMAS 5920 N.W. 12TH ST., #G SUNRISE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	LLOYD, STANLEY 2812 N.W. 108TH AVE. SUNRISE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE Stanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)