

2002 UNIFORM BUSINESS REPORT (UBR)

1/28/

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-28-2002 90048 050 ****61.25

DOCUMENT # 750734

1. Entity Name

7109 MAINTENANCE CORPORATION

Principal Place of Business

**7109 N.W. 11TH PLACE
GAINESVILLE FL 32605**

Mailing Address

**7109 N.W. 11TH PLACE
GAINESVILLE FL 32605**

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

59-1989884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QAIYUMI, SHAHEDA M.D.
7109 NW 11TH PLACE
SUITE A
GAINESVILLE FL 32605**

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: 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DRYFUSS, JOHN	
STREET ADDRESS	7109 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, R JOHNSON	
STREET ADDRESS	7109 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LANDAY, STEPHEN E	
STREET ADDRESS	7109 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	QAIYUMI, SHAHEDA	
STREET ADDRESS	7109 N.W. 11TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEITZEL, KENT	
STREET ADDRESS	7109 N.W. 11TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Schiavoni, Lisa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7109 NW 11th Place	
STREET ADDRESS	Gainesville, FL 32605	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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 REQUIRED *Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-02 352-331-2890

CR2E037 (9/01)