

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90143 034 ***150.00

DOCUMENT # F02000003888

1. Entity Name
POTEATS MAINTENANCE, INC.



Principal Place of Business
**254 OAKWOOD CIRCLE
DANVILLE VA 24541**

Mailing Address
**254 OAKWOOD CIRCLE
DANVILLE VA 24541**



2. Principal Place of Business

3903 Turnbury St.
Suite, Apt. #, etc.

3. Mailing Address

3903 Turnbury St.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Valrico, FL

City & State

Valrico, FL

4. FEI Number

56-2229511

Applied For

Not Applicable

Zip

Country

33594

Hillsborough

Zip

Country

33594

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POTEAT, JOHN C
8424 FANTASIA PARKWAY
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name **Poteat, Preston W**
Street Address (P.O. Box Number is Not Acceptable)
3903 Turnbury St

City **Valrico**

FL

Zip Code
33594

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-4-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POTEAT, PRESTON WAYNE 254 OAKWOOD CIRCLE DANVILLE VA 24541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POTEAT, JOHN C 8424 FANTASIA PARKWAY RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POTEAT, VICTORIA M 254 OAKWOOD CIRCLE DANVILLE VA 24541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 607, 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:

POTEAT, PRESTON W

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-03

Date

Daytime Phone #

CR2E034 (10/02)