2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 08:00 AM
Secretary of State

DOCUMENT # **F99286**

1. Entity Name
PROPERTY SERVICES OF VIERA, INC.

Principal Place of Business	Mailing Address
840	840 GRAY RD
COCOA FL	COCOA FL
32926 US	32926 US

2. Principal Place of Business	3. Mailing Address
5907 US HWY 1	P.O. BOX 21
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SCOTTSMOOR FL	City & State: SCOTTSMOOR FL
Zip: 32775 Country: US	Zip: 32775 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2222113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROOT TIMOTHY A
840 GRAY RD
C
COCOA FL
32926 US

7. Name and Address of New Registered Agent

Name: ROOT TIMOTHY A
Street Address (P.O. Box Number is Not Acceptable): 5907 US HWY 1
City: SCOTTSMOOR FL Zip Code: 32775

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 ____________________ 04/10/2001
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, 2001 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	PS	☐ Delete	TITLE	PS	☒ Change ☐ Addition
NAME	MATTINGLY CANDACE		NAME	MATTINGLY CANDACE	
STREET ADDRESS	840 GRAY RD		STREET ADDRESS	5907 US HWY 1	
CITY-ST-ZIP	COCOA FL		CITY-ST-ZIP	SCOTTSMOOR FL 32775	
TITLE	DV	☐ Delete	TITLE	DV	☒ Change ☐ Addition
NAME	ROOT TIMOTHY A		NAME	ROOT TIMOTHY A	
STREET ADDRESS	840 GRAY RD		STREET ADDRESS	5907 US HWY 1	
CITY-ST-ZIP	COCOA FL 32926		CITY-ST-ZIP	SCOTTSMOOR FL 32775	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: Candace Mattingly Pres 04/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #