

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G68193

1. Entity Name

SOUTHERN MAINTENANCE SYSTEMS, INCORPORATED

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90153 021 ***550.00

Principal Place of Business

6401 S.E. 149 CT. RD.
OCCLAHAW FL 32179

Mailing Address

P.O. BOX 70246
OCALA FL 34470

2. Principal Place of Business

11713 NE Hwy 315
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 633
Suite, Apt. #, etc.

City & State

Fort McCoy, FL

City & State

Ocala, FL

4. FEI Number

59-2250475

Applied For

Not Applicable

Zip

32134

Country

USA

Zip

34478-0633

Country

USA

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

~~SLEETH, JOAN~~
1015 N.E. 8 AVENUE
OCALA FL 34470

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME VDP
HILL, JAMES THOMAS
STREET ADDRESS 5190 SE 8TH ST.
CITY-ST-ZIP Ocala FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
HILL, JAMES THOMAS
STREET ADDRESS 5190 SE 8TH ST.
CITY-ST-ZIP Ocala FL

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Signature of James Thomas Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #