

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H90954

1. Entity Name

COMMERCIAL BUILDING MAINTENANCE, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90227 005 \*\*\*158.75

Principal Place of Business

~~18260 PAULSON DR. 2A~~  
PT. CHARLOTTE FL 33954  
US

Mailing Address

~~18260 PAULSON DR. 2A~~  
P.O. BOX 380147  
MURDOCK FL 33938-0147  
US

2. Principal Place of Business

17391 ANGEL AVE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 380147

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

City & State

MURDOCK FL

4. FEI Number

59-2612069

Applied For

Not Applicable

Zip

33953

Country

USA

Zip

33938-0147

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

FRANTZ, LINDA J  
17391 ANGEL AVE.  
PORT CHARLOTTE FL 33953

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

*Linda J. Frantz Secretary Treasurer*

4.30.01

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 V  
NAME FRANZE, STEVE F.  
STREET ADDRESS 26336 NADIR A 4  
CITY-ST-ZIP PUNTA GORDA FL ☐ Delete

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

TITLE DPST  
NAME FRANTZ, LINDA J.  
STREET ADDRESS 17391 ANGEL AVE.  
CITY-ST-ZIP PT. CHARLOTTE FL ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Linda J. Frantz Secretary Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.01

Date

941-627-5780

Daytime Phone #

CR2E034 (10/00)