

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90090 049 ***150.00

DOCUMENT # H94250

1. Entity Name

S & E MAINTENANCE, INC.

Principal Place of Business

**2674 NE EIGHTH CT.
POMPANO BEACH FL 33062**

Mailing Address

**2674 NE EIGHTH CT.
POMPANO BEACH FL 33062**

2. Principal Place of Business

2744 NE 30 AVE

Suite, Apt. #, etc.

APT 1

3. Mailing Address

2744 NE 30 AVE

Suite, Apt. #, etc.

APT 1

City & State

LIGHTHOUSE POINT FL

City & State

LIGHTHOUSE POINT FL

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

4. FEI Number

59-2635372

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHUTE, SAMUEL

2674 NE EIGHTH CT.

POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2744 NE 30 AVE APT 1

City

LIGHTHOUSE POINT FL

FL

Zip Code

33064

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 \$150.00
After May 1, 2002 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

TITLE **PD** ☐ Delete
NAME **SHUTE, SAMUEL**
STREET ADDRESS **2674 NE EIGHTH CT.**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **SD** ☐ Delete
NAME **SHUTE, EDITH**
STREET ADDRESS **2674 NE EIGHTH CT.**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2744 NE 30 AVE APT 1**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2744 NE 30 AVE APT 1**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

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

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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: 1 SAMUEL H. SHUTE Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/2/02

Daytime Phone #

CR2E034 (9/01)