## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # J18251** BRUBACHER'S INDUSTRIAL MAINTENANCE, INC. 04-17-2000 90109 017 \*\*\*150.00 Principal Place of Business Mailing Address 1030 BAHIA VISTA CT P O BOX 7566 P.O. BOX 7566 SARASOTA FL 34232 SARASOTA FL 34278-7566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2699059 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAYNARD & CYNTHIA BRUBACHER Street Address (P.O. Box Number is Not Acceptable) 1030 BAHIA VISTA CT SARASOTA FL 34232 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition ☐ Delete TITLE TITLE BRUBACHER, MAYNARD NAME STREET ADDRESS STREET ADDRESS 1030 BAHIA VISTA COURT CITY-ST-ZIP SARASOTA FL ☐ Addition TITLE ☐ Delete BRUBACHER, CYNTHIA NAME STREET ADDRESS 1030 BAHIA VISTA COURT CITY-ST-ZIP SARASOTA FL Addition ☐ Change ☐ Delete TITLE NAME

CITY-ST-ZIE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Mayned Rubelly MAYNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAYNARD BRYBALHER

4/10/00

94/377-2757

Daytime Phone #