

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90082 046 ***150.00

DOCUMENT # J18251

1. Entity Name

BRUBACHER'S INDUSTRIAL MAINTENANCE, INC.

Principal Place of Business

1030 BAHIA VISTA CT
SARASOTA FL 34232
US

Mailing Address

P O BOX 7566
P.O. BOX 7566
SARASOTA FL 34278
US

2. Principal Place of Business

4698 Breezy Pines Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

Country

34232

Zip

Country

4. FEI Number

59-2699059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYNARD & CYNTHIA BRUBACHER
1030 BAHIA VISTA CT
SARASOTA FL 34232

7. Name and Address of New Registered Agent

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 **MAYNARD BRUBACHER**

Signature, typed or printed name of registered agent and title if applicable.

Maynard Brubacher

(NOTE: Registered Agent signature required when reinstating)

3/28/01

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

TITLE **PD** ☐ Delete
NAME **BRUBACHER, MAYNARD**
STREET ADDRESS **1030 BAHIA VISTA COURT**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ Delete
NAME **BRUBACHER, CYNTHIA**
STREET ADDRESS **1030 BAHIA VISTA COURT**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
CITY-ST-ZIP

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

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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: **MAYNARD BRUBACHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maynard Brubacher

3/28/01

Date

941377-2757

Daytime Phone #

CR2E034 (10/00)