

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90714 042 ***150.00

DOCUMENT # J18251

1. Entity Name
BRUBACHER'S INDUSTRIAL MAINTENANCE, INC.



Principal Place of Business
**4698 BREEZY PINES BLVD
SARASOTA FL 34232
US**

Mailing Address
**P O BOX 7566
P.O. BOX 7566
SARASOTA FL 34278
US**

11053303



2. Principal Place of Business

1155 TARA VISTA ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA FL

City & State

4. FEI Number **59-2699059**

Applied For
Not Applicable

Zip

34232

Country

US

Zip

Country

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

**MAYNARD & CYNTHIA BRUBACHER
4698 BREEZY PINES BLVD.
SARASOTA FL 34232**

Name

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

1155 TARA VISTA ST

City

SARASOTA

FL

Zip Code

34232

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BRUBACHER, MAYNARD**
STREET ADDRESS **4698 BREEZY PINES BLVD.**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1155 TARA VISTA ST**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☐ Delete
NAME **BRUBACHER, CYNTHIA**
STREET ADDRESS **4698 BREEZY PINES BLVD.**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1155 TARA VISTA ST**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)