

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
 03-01-2001 90036 018 ***150.00

DOCUMENT # J62556

1. Entity Name
BACHMAN MAINTENANCE, INC.

Principal Place of Business Mailing Address
728 N FISCHER CIRCLE **728 N FISCHER CIRCLE**
SEBASTIAN FL 32958 **SEBASTIAN FL 32958**
US **US**

2. Principal Place of Business Suite, Apt. #, etc.
 City & State

3. Mailing Address Suite, Apt. #, etc.
 City & State

6. Name and Address of Current Registered Agent

BACHMAN, WAYNE H
728 N FISCHER CIRCLE
SEBASTIAN FL 32958

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 _____ (NOTE: Registered Agent signature required when re-registering) 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	BACHMAN, WAYNE H.	
STREET ADDRESS	1213 LACONIA ST.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BACHMAN, PATTI A.	
STREET ADDRESS	1213 LACONIA ST.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NEUMANN, JEFFREY T.	
STREET ADDRESS	1213 LACONIA STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMAN, WAYNE H	
STREET ADDRESS	728 FISCHER CIRCLE N	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	VP SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMAN, PATTI A	
STREET ADDRESS	728 FISCHER CIRCLE N	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Wayne H Bachman President 2-23-01 5613884927
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)