FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # J97343** 1. Entity Name AMERICAN PROPERTY MAINTENANCE, INC. 04-24-2001 90069 007 \*\*\*158.75 Principal Place of Business Mailing Address 938 NORTHERN DR P O BOX 12073 LAKE PARK FL 33403 APT #L LAKE PARK FL 33403 2. Principal Place of Business 3. Mailing Address BAUBERRY DRIVE P. O-Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 202 City & State 4. FEI Number Applied For 65-0010739 AKE PARK Not Applicable Country US \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARCUM-HOLLEY, NANCY J Street Address (P.O. Box Number is Not Acceptable) 938 NORTHERN DR 3157 NERIDIAN SOUTH APT L LAKE PARK FL 33403 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, 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, 2001 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 11. OFFICERS AND DIRECTORS ☐ Delete TITLE ☐ Change TITLE 3157 A MERIDIAN SOUTH NAME MARCUM-HOLLEY, NANCY J NAME STREET ADDRESS STREET ADDRESS 938 NORTHERN DR APT L PAIN BEACH GARDENS, FJ. B3410 CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL ☐ Change TITLE TITLE ☐ Delete 835 BAYBERRY DR. #202 NAME HOLLEY, JOHN A. J NAME STREET ADDRESS STREET ADDRESS 300 10TH ST STE 1 AKE PARK, El. 33403 CITY - ST - ZIF CITY-ST-ZIP LAKE PARK FL TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS 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 trystee 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 attagaring the with an address, with all other like empowered.