2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # K79549** Mar 16, 2000 8:00 am **Secretary of State** SPOT BUILDING MAINTENANCE, INC. 03-16-2000 90074 041 ***150.00 Principal Place of Business Mailing Address 10077 - 82ND STREET NORTH 10077 - 82ND STREET NORTH LARGO FL 33777-1834 LARGO FL 33777 3. Mailing Address 2. Principal Place of Business 2539 Fieldcrest BE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 59-2946287 FL Not Applicable <u>Hoiida</u> \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETERSON, GARY Street Address (P.O. Box Number is Not Acceptable) Fielderest 10077 - 82ND STREET NORTH **LARGO FL 34647** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, br both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Peterson, dary Change ☐ Addition TITLE ☐ Delete TITLE NAME PETERSON, GARY NAME 2539 Fieldcrest Ct STREET ADDRESS STREET ADDRESS 10077 - 82ND ST. NORTH Holiday, FL 34691 CITY-ST-ZIP CITY-ST-7/P LARGO FL Change ☐ Addition ☐ Delete TITLE DS terson, Lorna TITLE NAME 2539 Fielderest Ct NAME PETERSON, LORNA STREET ADDRESS STREET ADDRESS 10077 - 82ND ST. NORTH Holiday, FL 34691 CITY-ST-ZIP CITY-ST-7IP LARGO FL ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

TITLE NAME

STREET ADDRESS

Change

☐ Addition

erson 3/13/00 (727) 944-4366 SIGNATURE: