

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90999 048 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000009621						30062752	
1. Entity Name MAINTENANCE & MORE, L.L.C.							
Principal Place of Business 4624 S.W. 15TH PLACE CAPE CORAL, FL 33914				Mailing Address 4624 S.W. 15TH PLACE CAPE CORAL, FL 33914			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-1040676				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GILLISH, RICKY 4624 S.W. 15TH PLACE CAPE CORAL, FL 33914				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u><i>Ricky Gillish</i></u>				DATE <u>4/24/03</u>			
NOTE: Registered Agent's signature required when necessary.							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	GILLISH, RICKY			NAME			
STREET ADDRESS	4624 S.W. 15TH PL.			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33917			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
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-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
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-ZIP			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.							
SIGNATURE: <u><i>Ricky Gillish</i></u>				DATE <u>4/24/03</u> (239) 549-2564			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date			

CR2003 (7002)