

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015498

1. Entity Name

MAZECO MAINTENANCE, LLC

FILED  
May 08, 2002 8:00 am  
Secretary of State

05-08-2002 90075 033 \*\*\*\*\*50.00

956466



DO NOT WRITE IN THIS SPACE

Principal Place of Business

800 FIFTH AVE. SOUTH  
SUITE 203  
NAPLES FL 34102

Mailing Address

800 FIFTH AVE. SOUTH  
SUITE 203  
NAPLES FL 34102

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

65-1076741

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAUSCH, ROBERT S  
ONE BISCAYNE TOWER, SUITE 2500  
2 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MAZZEI, THOMAS A  
800 FIFTH AVENUE SOUTH, SUITE 203  
NAPLES FL 34102 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
MAZZEI, DON J  
800 FIFTH AVENUE SOUTH, SUITE 203  
NAPLES FL 34102 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MAZZEI, PATRICK M  
800 FIFTH AVENUE SOUTH, SUITE 203  
NAPLES FL 34102 ☐ Delete

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

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

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/02

1-800-356-3294

CR2E083 (9/01)