		FORM BUSI # L13064	NESS REPO	RT	(UBR	k)					101	acor (1)	
1. Entity Name REPAIRS MAINTENANCE CONSULTING SERVICE, INC.								FILED					
HEI AIR) WATER IN L	MANOE CONGOLIN	id offivior, into:										
Principal Plac					Ol AUG 31 AM 9: 42								
46 N. WASHING SARASOTA FL		SUITE 25B	46 N. WASHINGTON BLVD SUITE 25B SARASOTA FL 34236				SEUBETARY OF STATE TALEAHASSEE: FLORIDA						
2. Principal P	lace of Busin		3. Mailing Address 4073 Arrow Way										
Suite, Apt.	#, etc.	,	Suite, Apt. #, etc.					DO NO	T WRITE IN THIS	SPACE			
City & State Sarasota, FL.			Sarasota, FL.				4. FEI Number NOT APPLICABLE Applied For Not Applicable						
Zip 342	34232 USA		34232 Co		untry U.S.A		5. Certificate of Status Desired \$8.75 Additional Fee Required						
	-6. Name	and Address of Current I	legistered Agent Nam			7. Name and Address of New Registered Agent							
HILLEBRAND, H. STEPHEN							20. Box Number is Not Acceptable)						
46 N. Washington Blvd., Suite 25B Sarasota Fl. 34236					Street Address to			6073 Arrow Way					
		City Sarasota FL Zio Code 232											
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	d office or r	egistere	ed agen	t, or both, in the State	of Florida.		•		
SIGNATURE (Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	E: Registered	Agent signature	e required w	when reins	stating)	8	30/	0		
9. This corpo	oration is elig	ible to satisfy its Intangible	FILE NOW!				\neg					1	
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State				e	10. Election Campa Trust Fund Cont			0 May Be to Fees		
11.	P	OFFICERS AND [12.			ADDI	TIONS/CHANGES T	O OFFICERS AN			6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAUMANI 4073 ARF SARASOT	ROW WAY	□ Delete	NAME STREE CITY-	T ADDRESS					☐ Change	Addition	CR2E034 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP			40000 -09 **	04586 7/13/010 **158.75	Change 434 01010 ****1!	□ Addition 	t CR2	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP			Delete-	TITLE NAME STREE CITY-	T ADDRESS				; IA c	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS	<u></u>			,	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS	☐ Delete		TITLE NAME STREE	T ADDRESS	DRESS		·	Change	Addition				
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete		T ADDRESS					☐ Change	Addition		
of the cor	poration or th	ne receiver or trustee empo	this filling does not qualify for true and accurate and that m wered to execute this report with all other like empowered.	the exem ny signatu as require	nption stated	d in Sect ve the sa ter 607,	ame leg Florida	9.07(3)(i), Florida Sta gal effect as if made u Statutes; and that m	tutes. I further ce inder oath; that I y name appears	rtify that the in am an officer in Block 11 o	nformation or director r Block 12 if		

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

8 30 01 (94) 377-9111

2002

PAUL BAUMANN

President
Repairs Maintenance Consulting Service, Inc.
4073 Arrow Way
Sarasota, FL 34232
(941) 377-9111

August 30, 2001

Division of Corporations Attention: Annual Report Section P.O. Box 6327

Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed the completed 2001 Uniform Business Report, and the corporation's check in the amount of \$158.75.

The reason that the Report was not filed by May 1, 2001, was because the resident agent had moved his office, and the post office was no longer forwarding mail to his new address. After I contacted the resident agent, he located the 2001 Uniform Business Report with the tenant at his previous location. I believe I have solved this problem for the future by appointing myself as the new resident agent, at my permanent street address (see Uniform Business report).

Thank you for your anticipated consideration in this matter. Please let me know if I can provide you with any further information.

Sincerely,

Paul Baumann

President