

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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00 MAY -3 PM 3:42.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000356
1. Entity Name
NATIONAL BUILDING MAINTENANCE OF ALABAMA, L.C.

Principal Place of Business: 5005 N HESPERIDES ST, TAMPA FL 33614
Mailing Address: 5005 N HESPERIDES ST, TAMPA FL 33614-6434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **63-1123378**
Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ARDREY, D. GREGORY
5005 N HESPERIDES ST
TAMPA FL 33614

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
MGRM NATIONAL BUILDING MAINTENANCE, INC. OF FL	5005 N HESPERIDES ST TAMPA FL 33614		
MGRM PAGE, ROBERT L JR.	5005 N HESPERIDES ST TAMPA FL 33614		

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED** ROBERT L. PAGE, JR. 4/28/00 (813) 871-7467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (6/99)