

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90081 038 ****70.00

DOCUMENT # N97000005358

1. Entity Name

**CENTRAL FLORIDA BUILDING MAINTENANCE APPRENTICES
HIP, INC.**

Principal Place of Business

**955 E. STORY ROAD
WINTER GARDEN FL 34787**

Mailing Address

**P.O. BOX 420492
KISSIMMEE FL 34742**

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

59-3364773

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WARD, DENNIS
955 E. STORY ROAD
WINTER GARDEN FL 34787**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
NAME **WARD, DENNIS**
STREET ADDRESS **5805 PITCH PINE DR**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **TS** ☐ Delete
NAME **KERR, JOHN**
STREET ADDRESS **2700 MYERS RD**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **D** ☐ Delete
NAME **PANOCCA, JR J**
STREET ADDRESS **3245 THUNDER CLOUD DR**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **D** ☐ Delete
NAME **CICERO, LEN**
STREET ADDRESS **14221 JABOT LN**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02

407397-1123

Date

Daytime Phone #

CP2E037 (9/01)