2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
05-05-2001 90715 001 ****61.25
05-05-2001 90715 002 *****8.75

DOCUMENT # N99000000447

1. Entity Name

THE SCHOOL MAINTENANCE EMPLOYEES AND ASSOCIATES,

Principal Place of Business	Mailing Address
4000 UNION HALL PLACE JACKSONVILLE FL	4000 UNION HALL PLACE JACKSONVILLE FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
580 S. ELLIS Rd	580 S. ELLIS Rd
Suite, Apt. #, etc.: 113	Suite, Apt. #, etc.: 113
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL.
Zip: 32205 Country: DUVAL	Zip: 32205 Country: DUVAL

4. FEI Number 59-2500851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VICKERS, KENNETH ESQ 214 N. WASHINGTON ST JACKSONVILLE FL 32202	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CROCKETT, BILLY L 7015 HANSON DRIVE NORTH JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MARILYN ATKINSON 9321 GARDEN ST JAX FLA 32219	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLOCK, RICHARD 1828 BUCKNELL AVE JACKSONVILLE FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD OF DIRECTORS BERRY LIVINGOOD 10024 PEBBLERIDGE DR N. JACKSONVILLE. FL. 32220	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRADLEY, DAVID 6944 BAKERSFIELD DRIVE JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALDERMAN, CHARLES 4622 ORTEGA FARMS CIRCLE JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUSEPIAN, TERRY 4602 TUNIS STREET JACKSONVILLE FL 32205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JEFF THOMPSON 7352 Southern States Nursery Rd Macclenny FL 32063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Billy L Crockett BILLY L. CROCKETT TREASURER 4-5-01 904-381-3980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #