

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90179 005 ****61.25

DOCUMENT # N99000000447

1. Entity Name

THE SCHOOL MAINTENANCE EMPLOYEES AND ASSOCIATES, INC.



Principal Place of Business

**580 S ELLIS ROAD
113
JACKSONVILLE FL 32205**

Mailing Address

**580 S ELLIS ROAD
113
JACKSONVILLE FL 32205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**VICKERS, KENNETH ESO
214 N. WASHINGTON ST
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CROCKETT, BILLY L	
STREET ADDRESS	7015 HANSON DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, JEFFREY E	
STREET ADDRESS	7352 SOUTHERN STATES NURSERY ROAD	
CITY-ST-ZIP	MACLENNY FL 32063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPRADLEY, DAVID	
STREET ADDRESS	6944 BAKERSFIELD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALDERMAN, CHARLES	
STREET ADDRESS	4622 ORTEGA FARMS CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	BOD	<input checked="" type="checkbox"/> Delete
NAME	LIVINGOOD, BERRY	
STREET ADDRESS	10024 PEBBLE RIDGE DRIVE N	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRIDER, STEVEN D	
STREET ADDRESS	1977 MUNCIE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRADLEY, DAVID	
STREET ADDRESS	6944 BAKERSFIELD DR.	
CITY-ST-ZIP	JACKSONVILLE FLA 32210	
TITLE	BOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDER, JOSEPH R.	
STREET ADDRESS	5169 SIESTA DR. N.W.	
CITY-ST-ZIP	JAX, FL. 32259	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDO VILLARUEL	
STREET ADDRESS	8776 PINEVALLEY LANE	
CITY-ST-ZIP	JAX, FLA 32244	
TITLE	BOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD L. FLOOK	
STREET ADDRESS	1828 BURNELL AV.	
CITY-ST-ZIP	JAX, FLA. 32218	
TITLE	Brd. of Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne W. Williams	
STREET ADDRESS	5908 Seaboard Ave.	
CITY-ST-ZIP	JAX, FLA. 32209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Steven D Crider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2-6-03

(904) 695-0763

CR2E037 (10/02)