## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P0000005293 **DOCUMENT#**

1. Entity Name

DALEY MAINTENANCE, INC.



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90696 001 \*\*\*150.00

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Principal Place of Business 3383 TIMUCUA CRT ORLANDO FL 32837		PO BOX 77	Malling Address PO BOX 772912 ORLANDO FL 32877-2412									
2. Principal Place of Business			3. Mailing A	3. Mailing Address					il Bojif <b>E</b> gl	AF OLEIO II OLO I	<b>                                    </b>	
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & Sta	City & State			<b>4.</b> F	26-51/13/8			oplied For ot Applicable	
Zip Country			Zip	Zip Coun			5. Certificate of Status Desired   \$8.75 Addition Fee Required					
	6. Name and	Address of Curre	ent Registered Ag	ent			7. 1	Name and Address of New Regis	tered Ag	jent		
						Name						
DALEY, GREGORY R 3383 TIMUCUA CIR				Street Ad			s (P.O. Box Number is Not Acceptable)					
	) FL 32837				İ							
		•				City			FL	Zip Cod		
	named entity su tions of registered		t for the purpose o	of changing its	registere	d office or regist	ered ag	ent, or both, in the State of Florida	. I am fa.	miliar with,	and accept	
SIGNATURE ,	Signature, typed or pri	nted name of registered as	gent and title if applicable.	TON)	E: Registered	Agent signature requir	red when re	einstating)	DATE			
Afte	r May 1, 2003 I	EE IS \$150.00 ee will be \$550. orida Departmen				-		•9. Election'Campaign Financ Trust Fund Contribution.	ing		<b>0</b> May Be d to Fees	
10.			ND DIRECTORS		11.		ΔΓ	L DDITIONS/CHANGES TO OFFICE	RS AND I	DIRECTOR	S IN 11	
	10	OFFICERS A			TITLE			DITIONO OF IANGES TO OFFICE		☐ Change	Addition	
TITLE	DALEY, GREG	ם עמבי		☐ Delete	I NAME	li li				change	L Addition	
NAME STREET ADDRESS	3383 TIMUCU					T ADDRESS						
CITY-ST-ZIP	ORLANDO FL					ST-ZIP						
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12. I hereby certify that the information supplied with this filling 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 607, 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:**