

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000008356**1. Entity Name
ULTIMATE MAINTENANCE, INC.**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90027 023 ***150.00

Principal Place of Business

Mailing Address

3244 153RD ROAD
LIVE OAK FL 32060**3244 153RD ROAD**
LIVE OAK FL 32060

2. Principal Place of Business

3. Mailing Address

3244 153RD ROAD**3244 153RD ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LIVE OAK, FLORIDA**LIVE OAK, FLORIDA**

4. FEI Number

☒ Applied For☐ Not Applicable

Zip

Country

Zip

Country

32060**SUWANNEE****32060****SUWANNEE**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

SPIVEY, JIM
15160 COUNTY ROAD 132
LIVE OAK FL 32060

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

9. This corporation is eligible to satisfy its Intangible

tax filing requirement and elects to do so.

(See criteria on back)

☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution.

☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **EAGLER, JIM**
STREET ADDRESS **3244 153RD ROAD**
CITY-ST-ZIP **LIVE OAK FL 32060**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SPIVEY, JIM**
STREET ADDRESS **15160 COUNTY ROAD 132**
CITY-ST-ZIP **LIVE OAK FL 32060**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-01

Date

904-842-5969

Daytime Phone #

904-842-5205

CR2E034 (10/00)

0448932