

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

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90003 007 ***550.00

DOCUMENT # P000000083526

1. Entity Name

Ultimate Maintenance Inc



DO NOT WRITE IN THIS SPACE

40098894

2. Principal Place of Business

3244 153 Rd
Suite, Apt. #, etc.

3. Mailing Address

3244 153rd Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Live Oak FL

City & State

Live Oak FL

4. FEI Number

59-3632663

Applied For

Not Applicable

Zip

32060

Country

Swannee

Zip

32064

Country

Swannee

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

James Eagler

Street Address (P.O. Box Number is Not Acceptable)

3244 153rd Rd

City

Live Oak

FL

Zip Code

32060

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PSO</u> <u>James Eagler</u> <u>3244 153rd Rd Live Oak FL 32060</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered

SIGNATURE:

James Eagler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/06 208-5277

Date

Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

40098894
P00000008356

Please make a note to
send me the form
every year - I do
not do any
business over the
Internet

X