

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90337 023 \*\*\*150.00

**DOCUMENT # P00000009272**

1. Entity Name

**ULTIMATE MAINTENANCE SERVICES INCORPORATED**

Principal Place of Business

**3859 N E 12TH AVENUE  
POMPANO BEACH FL 33064**

Mailing Address

**3859 N E 12TH AVENUE  
POMPANO BEACH FL 33064**

2. Principal Place of Business

**1080 S. Rogers Circle**

Suite, Apt. #, etc.

3. Mailing Address

**1080 S. Rogers Circle**

Suite, Apt. #, etc.

City & State

**Boca Raton, Florida**

Zip

**33487**

Country

City & State

**Boca Raton, Florida**

Zip

**33487**

Country

4. FEI Number

**65-0978623**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STEVENSON, BRUCE  
3859 N E 12TH AVENUE  
POMPANO BEACH FL 33064**

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.

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

TITLE **D** ☐ Delete  
NAME **STEVENSON, BRUCE**  
STREET ADDRESS **10427 N.W. 10TH COURT**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **Bruce STEVENSON**  
STREET ADDRESS **1080 S. Rogers Circle**  
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Miles Early**  
STREET ADDRESS **1080 S. Rogers Circle**  
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition  
NAME **Mark (Misty) Ryan**  
STREET ADDRESS **1080 S. Rogers Circle**  
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)