

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000009272	
1. Entity Name ULTIMATE MAINTENANCE SERVICES INCORPORATED	



FILED

07 MAR 19 AM 11:04

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business 1080 S ROGERS CIRCLE BOCA RATON, FL 33487	Mailing Address 1080 S ROGERS CIRCLE BOCA RATON, FL 33487
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2. Principal Place of Business - No P.O. Box # 7241 Catalina Isle Drive	3. Mailing Address 7241 Catalina Isle Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Worth, FL	City & State Lake Worth, FL
Zip 33467	Zip 33467
Country	Country



6. Name and Address of Current Registered Agent MILES, EARLY 3600 S. CONGRESS AVE. SUITE O BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name: Steven A. Meyer, Esq. Street Address (P.O. Box Number is Not Acceptable): 2295 N.W. Corporate Blvd. Suite 117 City: Boca Raton FL Zip Code: 33431	
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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: <i>Steven A. Meyer</i> <small>Signature, typed or printed name of registered agent and title, applicable.</small>	DATE: 3/12/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EARLY, MILES 1080 S ROGERS CIRCLE BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7241 Catalina Isle Drive Lake Worth, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RYAN, MARK (MONTY) 1080 S ROGERS CIRCLE BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7241 Catalina Isle Drive Lake Worth, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: Daytime Phone #