

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009948

1. Entity Name

CENTRAL FLORIDA CONSTRUCTION MAINTENANCE, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90333 042 ***150.00

Principal Place of Business

6120 CR 561
CLERMONT FL 34711

Mailing Address

6120 CR 561
CLERMONT FL 34711

2. Principal Place of Business

24735 COUNTY ROAD 33

3. Mailing Address

24735 COUNTY ROAD 33

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GROVELAND, FL

City & State

GROVELAND, FL

Zip

34736

Country

LAKE

Zip

24736

Country

LAKE

4. FEI Number

59-3622926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRZELECKI, DAVE
6120 CR 561
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

STRZELECKI, DAVE

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

24735 COUNTY ROAD 33

City

GROVELAND

FL

Zip Code

34736

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

Paul Stjepan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-12-01

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	VD	<input type="checkbox"/> Delete
NAME	JENKINS, OKSON	
STREET ADDRESS	6120 CR 561	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STRZELECKI, DAVE	
STREET ADDRESS	6120 CR 561	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, OKSON	
STREET ADDRESS	24735 COUNTY ROAD 33	
CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRZELECKI, DAVE	
STREET ADDRESS	24735 COUNTY ROAD 33	
CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul Stjepan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-01

Date

352 429-4401

Daytime Phone #

CR2E034 (10/00)