

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/5.

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-05-2001 91095 043 \*\*\*150.00

**DOCUMENT # P00000015719**

1. Entity Name

**CENTRAL PROPERTY MAINTENANCE, INC.**

Principal Place of Business

1299 MAIN STREET SUITE F  
DUNEDIN FL 34698-5333

Mailing Address

1299 MAIN STREET SUITE F  
DUNEDIN FL 34698-5333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3625459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TANKEL, ROBERT L ESQ  
1299 MAIN STREET SUITE F  
DUNEDIN FL 34698-5333

7. Name and Address of New Registered Agent

Name **FREDERICK REIMER**  
Street Address (P.O. Box Number is Not Acceptable)  
**6845 WINDWILLOW DRIVE**  
City **NEW PORT RICHEY** FL Zip Code **34655**

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

*Frederick Reimer*

4/26/01

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	<input type="checkbox"/> Delete
NAME	REIMER, FREDERICK	
STREET ADDRESS	1299 MAIN STREET SUITE F	
CITY-ST-ZIP	DUNEDIN FL 34698-5333	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIMER, LINDA L	
STREET ADDRESS	1299 MAIN STREET SUITE F	
CITY-ST-ZIP	DUNEDIN FL 34698-5333	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6845 WINDWILLOW DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6845 WINDWILLOW DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
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:

*Frederick Reimer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

727 458-5657

Daytime Phone #

CR2E034 (10/00)