

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-05-2001 90016 005 ***150.00

DOCUMENT # P00000017096

1. Entity Name

FACILITYMANAGEMENT & SERVICE, INC.

Principal Place of Business

Mailing Address

3949 Evans Av. #205
Fort Myers, FL. 33901

3949 Evans Av. #205
Fort Myers, FL. 33901

2. Principal Place of Business

3949 Evans Av. #205

3. Mailing Address

3949 Evans Av. #205

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.
#205

City & State

Fort Myers, FL.

City & State

FORT MYERS, FL. 33901

4. FEI Number

65-0986253

Applied For

Not Applicable

Zip
33901

Country
U.S.A.

Zip
33901

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOTHAR KROHECK
3949 Evans Av. #205
Fort Myers, FL. 33901

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 President ☐ Delete
NAME LOTHAR KROHECK
STREET ADDRESS 3949 Evans Av. # 205
CITY-ST-ZIP Fort Myers, FL. 33901

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

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

TITLE ☐ Change ☐ Addition
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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:

Lothar Kroheck

3-11-01

941-275-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/00)