

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90830 005 ***158.75

DOCUMENT # P00000069857

1. Entity Name

P.H. GENERAL MAINTENANCE, INC.

Principal Place of Business

Mailing Address

**189 SOUTH C.R. 427
LONGWOOD FL 32750**

**P O BOX 520457
LONGWOOD FL 32752-0457**

2. Principal Place of Business

29 Golf Terrace Drive

3. Mailing Address

Suite, Apt. #, etc.

Apt. 206

Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

Zip

32708

Country

U.S.A.

Zip

Country

4. FEI Number

59-3663301

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, OSCAR JR
2307 MOUNT VERNON ST
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

GONZÁLEZ, OSCAR JR.

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

1400 N. SEMORAN Blvd, Suite J

City

Orlando,

FL

Zip Code

32807

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]

OSCAR GONZÁLEZ, JR.

4/12/2001

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	COLON, GERARDO	
STREET ADDRESS	3341 HILLMONT CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32817	
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colon, Gerardo	
STREET ADDRESS	9219 Hidden Stream Ct.	
CITY-ST-ZIP	Orlando, FL 32825-7530	
TITLE	V/T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guedes, Pedro	
STREET ADDRESS	P.O. Box 520457	
CITY-ST-ZIP	Longwood, FL 32752-0457	
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:

[Signature]

Pedro Guedes, Vice-President/Director 4/12/2001 407-696-6542.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)