

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91806 028 \*\*\*150.00

DOCUMENT # P0000078516

1. Entity Name

D + R MAINTENANCE INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1533 SUNSET VIEW CIR

Suite, Apt. #, etc.

3. Mailing Address

1533 SUNSET VIEW CIR

Suite, Apt. #, etc.

City & State

APOPKA FL

City & State

APOPKA FL

4. FEI Number

59-3663380

Applied For

Not Applicable

Zip

32703

Country

US

Zip

32703

Country

US

5. Certificate of Status Desired ☐ =

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DOUGLAS CANFIELD

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

1533 SUNSET VIEW CIR

City

APOPKA

FL

Zip Code

32703

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RD  
CANFIELD DOUGLAS  
1533 SUNSET VIEW CIRCLE  
APOPKA FL 32703

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Douglas M Canfield* Douglas M Canfield 4-29-03