

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

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90237 027 \*\*\*158.75

**DOCUMENT #** P00000103183

1. Entity Name

SOUTHERN MAINTENANCE HIGH-RISE SERVICES,  
INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1510 Latham Road

Suite, Apt. #, etc.

Ste. 4

City & State

West Palm Beach, FL

Zip

33409

Country

U.S.A.

3. Mailing Address

P.O. Box 16605

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33416

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1057812

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard Fleischman

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

7503 Eagle Point Drive

City

Delray Beach

FL

Zip Code

33446

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
NAME	Fleischman, Richard A.
STREET ADDRESS	7503 Eagle Point Dr.
CITY - ST - ZIP	Delray Beach, FL 33446
TITLE	D
NAME	Fleischman, Steven S.
STREET ADDRESS	7503 Eagle Point Drive
CITY - ST - ZIP	Delray Beach, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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 #

(561) 640-5974