FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 91046 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00074317

DOCUMENT # P00000109627

1. Entity Name
N&B GENERAL MAINTENANCE, INC.

Principal Place of Business
1629 SW 81 AVE
NORTH LAUDERDALE, FL 33068

Mailing Address
1629 SW 81 AVE
NORTH LAUDERDALE, FL 33068

[redacted]

2. Principal Place of Business	3. Mailing Address
8168 W. McNab Rd	8168 W. McNab Rd
Suite, Apt. #, etc. PMB, 100	Suite, Apt. #, etc. PMB 100
City & State N. Lauderdale Fl	City & State N. Lauderdale Fla
Zip 33068 Country USA	Zip 33068 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1058786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOND, NOEL G
8202 SW 11TH COURT
NORTH LAUDERDALE, FL 33068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Noel Bond. 4/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOND, NOEL G 1629 SW 81 AVE NORTH LAUDERDALE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Noel Bond 4/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #