## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 26, 2001 8:00 am DOCUMENT # P00000116915 1. Entity Name Secretary of State ALLIED BUILDING MAINTENANCE, INC. 02-26-2001 90521 009 \*\*\*158.75 Mailing Address Principal Place of Business 185 CYPRESS COURT DR 185 CYPRESS COURT DR PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address 3792 <del>3</del>792 Colligan Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEi Number 65-106707 Not Applicable ahe WORT Country \$8.75 Additional 5. Certificate of Status Desired 346 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>HJdrew</u> DAVENPORT, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 185 CYPRESS COURT DR PALM BEACH GARDENS FL 33418 FL ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits SIGNATURE (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicab FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees op back) Make Check Payable to Department of State (See criteria ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition president Delete TITI F PIVITIS/0/M Douglas Daverport NAME cypress point prive Andreu Thomas. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO