

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

06-13-2002 90385 023 \*\*\*150.00

**DOCUMENT # P01000026151**  
 1. Entity Name  
**PICTURE PERFECT PROPERTY MAINTANCE, INC.**

Principal Place of Business  
**6149 HUGHES AVE**  
**MYERS FL 33905**

Mailing Address  
**6149 HUGHES AVE**  
**MYERS FL 33905**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6149 Hughes Ave**

3. Mailing Address  
**6149 Hughes Ave**

City & State  
**Ft. Myers Florida**

City & State  
**Ft. Myers Florida**

4. FEI Number  
**65-1128586**

Applied For  
 Not Applicable

Zip  
**33905** Country  
**USA**

Zip  
**33905** Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RANDOLPH, MICHAEL D**  
**1619 JACKSON STREET**  
**FT MYERS FL 33901**

**7. Name and Address of New Registered Agent**

Name  
**Kyle Hubbard**

Street Address (P.O. Box Number is Not Acceptable)  
**6149 Hughes Ave.**

City  
**Ft. Myers** **FL** Zip Code  
**33905**

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 *Kyle Hubbard* **Kyle Hubbard Pres** **6-11-02**  
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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>HUBBARD, KYLE J<br/>6149 HUGHES AVE<br/>MYERS FL 33905</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

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|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Kyle Hubbard* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)

**Picture Perfect Property Maintenance, Inc.**

Attachment  
Document # PD1000026151  
6149 Hughes Ave.  
Ft. Myers, Fl. 33905 | 18077

Phone 239-694-7327 cell 239-691-5953  
Fax 941-694-4578

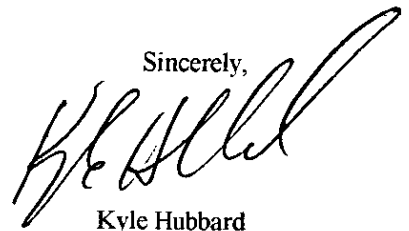
June 11, 2002

Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Sir or Madam,

Please allow me to explain my extreme tardiness. I have been in business for a little over a year now. I have been more successful than anticipated concerning the growth of my business. I am a good businessman but not a good office person, and have now realized my capabilities, and what I am not capable of. I have hired a business lady to help me get organized in the office. During her organization she fumbled across this "Uniform Business Report" that I failed to realize needed to be sent in a timely manner. Although I know it is my responsibility to handle this report I sincerely did not know anything of it. I pride myself on being a timely business owner on all aspects of business. Had I realized this report was due by May 1st I would've sent it in. I respectfully ask your forgiveness and an exception to this late fee. I am supporting my wife and two children and this late fee would really hurt my finances. I promise prompt response on every business report in the future. Please help me and consider my request, please. Thank you for your time.

Sincerely,



Kyle Hubbard