

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000037973

FILED
Jan 27, 2002 8:00 AM
Secretary of State

Entity Name: COMMERCIAL MAINTENANCE OF FLORIDA, INC.

Current Principal Place of Business:

1767 HERMITAGE BLVD STE 8208
TALLAHASSEE, FL 32308

New Principal Place of Business:

PO BOX16636
TALLAHASSEE, FL 32317

Current Mailing Address:

1767 HERMITAGE BLVD STE 8208
TALLAHASSEE, FL 32308

New Mailing Address:

PO BOX 16636
TALLAHASSEE, FL 32317

FEI Number: 59-3712718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEITMAN, PETER S
1767 HERMITAGE BLVD STE 8208
TALLAHASSEE, FL 32308

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BAILE, ANGELA
Address: 1767 HERMITAGE BLVD STE 8208
City-St-Zip: TALLAHASSEE, FL 32308

Title: VTD (X) Delete
Name: BAILE, JOHN
Address: 1767 HERMITAGE BLVD STE 8208
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BAILE, JOHN H PSD
Address: PO BOX 16636
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H BAILE

PSD

01/27/2002

Electronic Signature of Signing Officer or Director

Date